

1.) CORPORATION NAME:

Orbit Medical of Kansas City, Inc.

DUE DATE: **4/30/2011**

SCC ID NO: **F1743048**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

BUSINESS FILINGS INCORPORATED

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

KS

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7911 BOND ST

CITY/ST/ZIP: LENEXA, KS 66214-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROB GALLUP
TITLE: CHAIRMAN
ADDRESS: 13278 S. ASHWOOD GLEN DR
CITY/ST/ZIP/CO: DRAPER, UT 84020-

OFFICER

DIRECTOR

NAME: HEATHER WEAVER
TITLE: CONTROLLER
ADDRESS: 716 E 4500 S STE 260
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84107-

OFFICER

DIRECTOR

NAME: BRANDON BLISS
TITLE: SECRETARY
ADDRESS: 300 FURLONG
CITY/ST/ZIP/CO: OSWEGO, IL 60543-

OFFICER

DIRECTOR

NAME: PATRICK MCGINLEY
TITLE: TREASURER
ADDRESS: 1825 WOOD VALLEY DR
CITY/ST/ZIP/CO: CARMEL, IN 46032-

OFFICER

DIRECTOR

NAME: PATRICK MCGINLEY
TITLE: PRESIDENT
ADDRESS: 1825 WOOD VALLEY DR
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46220-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ HEATHER WEAVER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>HEATHER WEAVER, CONTROLLER</u> PRINTED NAME AND CORPORATE TITLE	<u>5/4/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.