

1.) CORPORATION NAME:

Orbit Medical of Indiana, Inc.

DUE DATE: **2/28/2011**

SCC ID NO: **F1816075**

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

**AUTH IN VI
BUSINESS FILINGS INCORPORATED
4701 COX ROAD 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:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9402 UPTOWN DRIVE STE. 800

CITY/ST/ZIP: INDIANAPOLIS, IN 46256-

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 DRIVE
CITY/ST/ZIP/CO: DRAPER, UT 84020-

OFFICER

DIRECTOR

NAME: JAKE KILGORE
TITLE: TREASURER
ADDRESS: 1305 HIGH CREST CIRCLE
CITY/ST/ZIP/CO: FRUIT HEIGHTS, UT 84037-

OFFICER

DIRECTOR

NAME: PATRICK MCGINLEY
TITLE: SECRETARY
ADDRESS: 5517 N BROADWAY
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46220-

OFFICER

DIRECTOR

NAME: PATRICK MCGINLEY
TITLE: PRESIDENT
ADDRESS: 5517 N BROADWAY
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46220-

OFFICER

DIRECTOR

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

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.

/s/ JAKE KILGORE	JAKE KILGORE, TREASURER	1/24/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.