

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

OFFICER

DIRECTOR

NAME: ROB GALLUP  
TITLE: CHAIRMAN  
ADDRESS: 13278 S ASHWOOD GLEN DRIVE  
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: 5517 N BROADWAY  
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.