# AMENDED ANNUAL REPORT

Corporation Division
sos.oregon.gov/business

**E-FILED**
Jan 13, 2026
**OREGON SECRETARY OF STATE**

**REGISTRY NUMBER**

32962383

**REGISTRATION DATE**

02/03/1993

**BUSINESS NAME**

ALL-MED, INC

**BUSINESS ACTIVITY**

COMPLEX MOBILITY PROVIDER, MEDICAL EQUIPMENT AND MEDICAL SUPPLY

**MAILING ADDRESS**

925 RIVER RD
EUGENE OR 97404 USA

**TYPE**

DOMESTIC BUSINESS CORPORATION

**PRIMARY PLACE OF BUSINESS**

925 RIVER RD
EUGENE OR 97404 USA

**JURISDICTION**

OREGON

**REGISTERED AGENT**

WILLIAM DICKINSON
925 RIVER RD
EUGENE OR 97404 USA
If the Registered Agent has changed, the new agent has consented to the appointment.

**PRESIDENT**

WILLIAM DICKINSON
925 RIVER RD
EUGENE OR 97404 USA

**SECRETARY**

WILLIAM DICKINSON
925 RIVER RD
EUGENE OR 97404 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

WILLIAM DICKINSON

**TITLE**

PRESIDENT

**DATE**

01-13-2026