# AMENDED ANNUAL REPORT

Corporation Division
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**E-FILED**
Apr 06, 2022
**OREGON SECRETARY OF STATE**

**REGISTRY NUMBER**

22025290

**REGISTRATION DATE**

05/18/2004

**BUSINESS NAME**

DLT PROPERTIES, LLC

**BUSINESS**

PHYSICIAN OFFICE - DERMATOLOGY

**MAILING ADDRESS**

492 MURPHY RD
MEDFORD OR 97504 USA

**TYPE**

DOMESTIC LIMITED LIABILITY COMPANY

**PRIMARY PLACE OF BUSINESS**

492 MURPHY ROAD
MEDFORD OR 97504 USA

**JURISDICTION**

OREGON

**REGISTERED AGENT**

CHARLES M MCNAIR

210 LAUREL ST
MEDFORD OR 97501 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

**MEMBER**

DAVID M TRASK

492 MURPHY RD
MEDFORD OR 97504 USA

**MANAGER**

CARMEN A BOROVAC

492 MURPHY RD
MEDFORD OR 97504 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, managers, members or agents of the limited liability company 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**

CARMEN A BOROVAC

**TITLE**

ADMINISTRATOR

**DATE**

04-06-2022