

# AMENDED ANNUAL REPORT



Corporation Division  
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**E-FILED**  
Nov 01, 2016  
**OREGON SECRETARY OF STATE**

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**REGISTRY NUMBER**

98413090

**REGISTRATION DATE**

12/17/2013

**BUSINESS NAME**

GARY L. GALLAGHER, M.D., P.C.

**BUSINESS ACTIVITY**

PROFESSIONAL MEDICAL SERVICES

**MAILING ADDRESS**

2249 NW LAKESIDE PL  
BEND OR 97703 USA

**TYPE**

DOMESTIC PROFESSIONAL CORPORATION

**PRIMARY PLACE OF BUSINESS**

2249 NW LAKESIDE PL  
BEND OR 97703 USA

**JURISDICTION**

OREGON

**REGISTERED AGENT**

1008895 - HLR CORPORATE SERVICES, INC.

747 SW MILL VIEW WAY  
BEND OR 97702 USA

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

**PRESIDENT**

GARY GALLAGHER

2249 NW LAKESIDE PL  
BEND OR 97703 USA

**SECRETARY**

PORTIA GALLAGHER

2249 NW LAKESIDE PL  
BEND OR 97703 USA



By my signature, I declare as an authorized authority, that 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**

PORTIA GALLAGHER

**TITLE**

SECRETARY

**DATE SIGNED**

11-01-2016