

AMENDED ANNUAL REPORT



Corporation Division
www.filinginoregon.com

E-FILED
Sep 10, 2021
OREGON SECRETARY OF STATE

REGISTRY NUMBER

37898491

REGISTRATION DATE

08/18/2006

BUSINESS NAME

ODYSSEY SLEEP WORKS, INC.

BUSINESS ACTIVITY

FULL TURN-KEY SLEEP DISORDERS LABORATORY. SEE PATIENTS TO DIAGNOSE SLEEP DISORDERS. PROVIDE DIAGNOSIS AND TREATMENT OF SLEEP DISORDERS. COMMUNITY EDUCATION REGARDING SLEEP HEALTH.

MAILING ADDRESS

1120 E HUFFMAN ROAD #698
ANCHORAGE AK 99515 USA

TYPE

DOMESTIC BUSINESS CORPORATION

PRIMARY PLACE OF BUSINESS

1120 E HUFFMAN ROAD #698
ANCHORAGE AK 99515 USA

JURISDICTION

OREGON

REGISTERED AGENT

46258083 - NATIONAL REGISTERED AGENTS, INC.

780 COMMERCIAL ST SE STE 100
SALEM OR 97301 USA

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

PRESIDENT

SHELLI CUTTING

1120 E HUFFMAN ROAD #698
ANCHORAGE AK 99515 USA

SECRETARY

SHELLI CUTTING

1120 E HUFFMAN ROAD #698
ANCHORAGE AK 99515 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

SHELLI CUTTING

TITLE

PRESIDENT

DATE SIGNED

09-10-2021