

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000662

Entity Name: AERO MEDICAL INTERNATIONAL, INC.

Current Principal Place of Business:

1745 NW 51 PLACE, HANGAR 73
FORT LAUDERDALE, FL 33309

Current Mailing Address:

2101 WEST COMMERCIAL BLVD
SUITE 5100
FORT LAUDERDALE, FL 33309 US

FEI Number: 45-4120531

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAYMAN, STUART
2101 WEST COMMERCIAL BLVD
SUITE 5100
FORT LAUDERDALE, FL 33309 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STUART HAYMAN

02/02/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name TROIANO, JOHN
Address 489 FIFTH AVENUE
19TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title SECRETARY
Name MAROLDA, ANDREW
Address 489 FIFTH AVENUE
19TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name WILLENS, DAVID A
Address 2101 WEST COMMERCIAL BLVD
SUITE 5100
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name BROWN, ANDREW
Address 489 FIFTH AVENUE
19TH FLOOR
City-State-Zip: NEW YORK NY 10017

Title CEO
Name HAYMAN, STUART
Address 2101 WEST COMMERCIAL BLVD
SUITE 5100
City-State-Zip: FORT LAUDERDALE FL 33309

Title COO
Name WEISZ, BRIAN
Address 2101 WEST COMMERCIAL BLVD
SUITE 5100
City-State-Zip: FORT LAUDERDALE FL 33309

Title CMO
Name BERCOVICI, JACOB
Address 2101 WEST COMMERCIAL BLVD
SUITE 5100
City-State-Zip: FORT LAUDERDALE FL 33309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STUART HAYMAN

CEO

02/02/2015

Electronic Signature of Signing Officer/Director Detail

Date