2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001842

Entity Name: PATRIOT MEDICAL TECHNOLOGIES OF OHIO, INC.

FILED Mar 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
9801 WASHINGTONIAN BLVD STE 124D GAITHERBURG, MD 20878				9801 WASHINGTONIAN BLVD GAITHERBURG, MD 20878		
Current Mailing Address:				New Mailing Address:		
9801 WASHINGTONIAN BLVD				PO BOX 352		
STE 124D GAITHERBURG, MD 20878				BUFFALO, NY 14240		
FEI Number:	31-1179456	FEI Number Applied For ()	FEI Nur	nber Not Appli	icable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:		Name and	Address o	f New Registered Agent:
1201 HAYS		CE COMPANY 3012525 US				
	named entity of Florida.	submits this statement for the p	urpose o	of changing it	ts registered	d office or registered agent, or both,
SIGNATUF	RE:					
	Electro	nic Signature of Registered Age	nt			Date
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CHAVEL, GEO	GTONIAN BLVD		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	WHITE, DEBR	GTONIAN BLVD		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	STERN, ROBE	GTONIAN BLVD		Title: Name: Address: City-St-Zip:	STERN, ROI 9801 WASH	(X) Change ()Addition BERT A INGTONIAN BLVD IRG, MD 20878
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	ROBINS, SC 9801 WASH	() Change (X) Addition COTT INGTONIAN BLVD URG, MD 20878
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	BLASS, MAF 9801 WASH	() Change (X) Addition RC INGTONIAN BLVD URG, MD 20878
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:		() Change (X) Addition , PAT INGTONIAN BLVD URG, MD 20878

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SCOTT ROBINS S 03/06/2009