

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F05000005344

1. Entity Name  
AOI MEDICAL, INC.



Principal Place of Business  
3251 PROGRESS DRIVE, SUITE B2  
ORLANDO, FL 32826

Mailing Address  
3251 PROGRESS DRIVE, SUITE B2  
ORLANDO, FL 32826

SEC. DIVISION  
06 AUG 18 AM 8:14



08152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2402994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHRISTY, WILLIAM J  
3251 PROGRESS DRIVE, SUITE B2  
ORLANDO, FL 32826

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C  
NAME FELTMAN, JOHN D  
STREET ADDRESS 11 PACES WEST DR NW  
CITY-ST-ZIP ATLANTA, GA 30327 ☐ Delete

TITLE D  
NAME WARNER, STEPHEN J  
STREET ADDRESS 400 N. FLAGLER DRIVE, #1601  
CITY-ST-ZIP W. PALM BEACH, FL 33401 ☒ Delete

TITLE D  
NAME WEATHERSBY, GEORGE B PHD  
STREET ADDRESS 40 DUNCAN LANE  
CITY-ST-ZIP SKILLMAN, NJ 08558 ☒ Delete

TITLE P  
NAME CHRISTY, WILLIAM J  
STREET ADDRESS 1235 VIA ESTRELLA  
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE VP  
NAME GOLDIN, MARK  
STREET ADDRESS 2427 TREYMORE DRIVE  
CITY-ST-ZIP ORLANDO, FL 32825 ☐ Delete

TITLE S  
NAME WHEELER, D. KEEHLN  
STREET ADDRESS 3143 EAST SHADOW LAWN AVENUE  
CITY-ST-ZIP ATLANTA, GA 30305 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME Angela Johnston  
STREET ADDRESS 4315 Andover Cay Blvd.  
CITY-ST-ZIP Orlando, FL 32825 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS 600079129876  
CITY-ST-ZIP 08/25/06--01033--010 \*\*61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Angela Johnston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/06 (407)770-1800 x125  
Date Daytime Phone #