

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005344

Entity Name: AOI MEDICAL, INC.

FILED  
Mar 13, 2007  
Secretary of State

## Current Principal Place of Business:

3251 PROGRESS DRIVE, SUITE B2  
ORLANDO, FL 32826

## New Principal Place of Business:

## Current Mailing Address:

3251 PROGRESS DRIVE, SUITE B2  
ORLANDO, FL 32826

## New Mailing Address:

FEI Number: 20-2402994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: FELTMAN, JOHN D  
Address: 11 PACES WEST DR NW  
City-St-Zip: ATLANTA, GA 30327

Title: T ( ) Delete  
Name: JOHNSTON, ANGELA  
Address: 4315 ANDOVER CAY BLVD  
City-St-Zip: ORLANDO, FL 32825

Title: P ( ) Delete  
Name: CHRISTY, WILLIAM J  
Address: 1235 VIA ESTRELLA  
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete  
Name: GOLDIN, MARK  
Address: 2427 TREYMORE DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: S ( ) Delete  
Name: WHEELER, D. KEEHLN  
Address: 3143 EAST SHADOW LAWN AVENUE  
City-St-Zip: ATLANTA, GA 30305

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: JOHNSTON, ANGELA  
Address: 13505 PHOENIX DR.  
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELA JOHNSTON

T

03/13/2007

Electronic Signature of Signing Officer or Director

Date