

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005344

Entity Name: AOI MEDICAL, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

2100 N. ALAFAYA TR
SUITE 100
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

2100 N. ALAFAYA TR
SUITE 100
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
2100 N. ALAFAYA TR, SUITE 100
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: 2100 N. ALAFAYA TR, SUITE 100
City-St-Zip: ORLANDO, FL 32826

Title: T () Delete
Name: JOHNSTON, ANGELA
Address: 2100 N. ALAFAYA TR, SUITE 100
City-St-Zip: ORLANDO, FL 32826

Title: P () Delete
Name: CHRISTY, WILLIAM J
Address: 2100 N. ALAFAYA TR, SUITE 100
City-St-Zip: ORLANDO, FL 32826

Title: VP () Delete
Name: GOLDIN, MARK
Address: 2100 N. ALAFAYA TR, SUITE 100
City-St-Zip: ORLANDO, FL 32826

Title: S () Delete
Name: WHEELER, D. KEEHLN
Address: 2100 N. ALAFAYA TR, SUITE 100
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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

01/07/2009

Electronic Signature of Signing Officer or Director

Date