

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005379

FILED
Mar 21, 2012
Secretary of State

Entity Name: OXYGEN BIOTHERAPEUTICS, INC.

Current Principal Place of Business:

ONE COPLEY PARKWAY
SUITE 490
MORRISVILLE, NC 27560

New Principal Place of Business:

Current Mailing Address:

ONE COPLEY PARKWAY
SUITE 490
MORRISVILLE, NC 27560

New Mailing Address:

FEI Number: 26-2593535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

Title: CFO
Name: JEBSEN, MICHAEL B
Address: ONE COPLEY PARKWAY, SUITE 490
City-St-Zip: MORRISVILLE, NC 27560 US

Title: DR
Name: BLANCK, RONALD
Address: ONE COPLEY PARKWAY, SUITE 490
City-St-Zip: MORRISVILLE, NC 27560 US

Title: DIR
Name: CHATFIELD, WILLIAM A
Address: ONE COPLEY PARKWAY, SUITE 490
City-St-Zip: MORRISVILLE, NC 27560 US

Title: DIR.
Name: PEPIN, GREGORY
Address: ONE COPLEY PARKWAY, SUITE 490
City-St-Zip: MORRISVILLE, NC 27560 US

Title: DIR.
Name: DITONNO, ANTHONY A
Address: ONE COPLEY PARKWAY, SUITE 490
City-St-Zip: MORRISVILLE, NC 27560

Title: DIR.
Name: RALLIS, CHRIS A
Address: ONE COPLEY PARKWAY, SUITE 490
City-St-Zip: MORRISVILLE, NC 27560

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: /S/ MICHAEL JEBSEN

CFO

03/21/2012

Electronic Signature of Signing Officer or Director

Date