

1.) CORPORATION NAME:

AORTA MEDICAL INC.

DUE DATE: **8/31/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
BRIAN J FORTIER
6001 MANOR PARK TERR
GLEN ALLEN, VA 23059**

SCC ID NO: **04517272**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 5484

CITY/ST/ZIP: GLEN ALLEN, VA 23058-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BRIAN J FORTIER
TITLE: PRESIDENT/CEO
ADDRESS: POB 5484
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23058-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BRIAN J FORTIER
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

BRIAN J FORTIER,
PRESIDENT/CEO
PRINTED NAME AND CORPORATE
TITLE

8/31/2010

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.