

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	216527236				
1.) CORPORATION NAME: <b>AORTA MEDICAL INC.</b>		DUE DATE: <b>8/31/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>BRIAN J FORTIER 6001 MANOR PARK TERR GLEN ALLEN, VA</b>		SCC ID NO: <b>04517272</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">CLASS</td> <td style="padding: 2px;">AUTHORIZED</td> </tr> <tr> <td style="padding: 2px;">COMMON</td> <td style="padding: 2px;">100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED					
COMMON	100					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
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	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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	7/21/2016 _____ 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.						