

1.) CORPORATION NAME:

HUNTER MEDICAL SYSTEMS, INC.

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1576117**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

LA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 925 NORTH POINT PARKWAY
SUITE 350

CITY/ST/ZIP: ALPHARETTA, GA 30005

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:	PATRICK J. HAYNES, III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	925 NORTH POINT PARKWAY SUITE 350		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30005		

NAME:	MICHAEL LABEDZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO & SECRETARY		
ADDRESS:	925 NORTH POINT PARKWAY SUITE 350		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30005		

NAME:	BRIAN GRAZZINI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	925 NORTH POINT PARKWAY SUITE 350		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30005		

NAME:	JAY GROSSMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	111 HUNTINGTON AVENUE		
CITY/ST/ZIP/CO:	BOSTON, MA 02199		

NAME:	ERIK BROOKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	111 HUNTINGTON AVENUE		
CITY/ST/ZIP/CO:	BOSTON, MA 02199		

NAME: HILARY GROVE TITLE: ASST SECRETARY ADDRESS: 111 HUNTINGTON AVENUE CITY/ST/ZIP/CO: BOSTON, MA 02199	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GERALD HANSBERGER TITLE: ASST SECRETARY ADDRESS: 924 NORTH POINT PARKWAY CITY/ST/ZIP/CO: SUITE 350 ALPHARETTA, GA 30005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LORI REEL TITLE: ASST SECRETARY ADDRESS: 925 NORTH POINT PARKWAY CITY/ST/ZIP/CO: STE 350 ALPHARETTA, GA 30005	<input checked="" type="checkbox"/> OFFICER	<input 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/ LORI REEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LORI REEL, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/27/2012 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.		