

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760479

FILED
Feb 18, 2008
Secretary of State

Entity Name: ASSOCIATION OF PHYSICIANS ASSISTANTS IN CARDIOVASCULAR SURGERY, INC.

Current Principal Place of Business:

4582 SOUTH ULSTER STREET PARKWAY
#201
DENVER, CO 80237 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4834
ENGLEWOOD, CO 80155 US

New Mailing Address:

FEI Number: 59-2147565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNES, JOHN F JR
217 HILLCREST ST
ORLANDO, FL 32801 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: PRES () Delete
Name: LOPEZ, ED
Address: 13907 70TH AVE. EAST
City-St-Zip: PUYALLUP, WA 983735281

Title: VP () Delete
Name: DOLL, MICHAEL
Address: 127 VISTA RD.
City-St-Zip: BERWICK, PA 18603

Title: SEC () Delete
Name: JONES, DIANE
Address: 3961 LANCASTER COURT
City-St-Zip: YPSILANTI, MI 48197 US

Title: D () Delete
Name: HANCE, LAWAUN
Address: 3961 LANCASTER COURT
City-St-Zip: YPSILANTI, MI 48197 US

Title: T () Delete
Name: LAVENDER, SIDNEY
Address: 1001 N. PEACE HAVEN ROAD
City-St-Zip: WINSTON-SALEM, NC 27104

Title: D () Delete
Name: HORMANN, BRUCE
Address: 32 CEDAR AVENUE
City-St-Zip: ISLIP, NY 11751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DOLL, MICHAEL PA-C
Address: 30-08 GEISINGER MEDICAL CENTER
City-St-Zip: DANVILLE, PA 17822

Title: VP (X) Change () Addition
Name: SOBEL, JONATHAN PA-C
Address: 94 SHERMAN AVENUE
City-St-Zip: ROCKVILLE CENTRE, NY 11570

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

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

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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DOLL

PRES

02/18/2008

Electronic Signature of Signing Officer or Director

Date