

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007570

FILED
Apr 01, 2010
Secretary of State

Entity Name: WOMEN IN THORACIC SURGERY, INC.

Current Principal Place of Business:

633 N SAINT CLAIR
STE 2320
CHICAGO, IL 60611

New Principal Place of Business:

Current Mailing Address:

633 N SAINT CLAIR
STE 2320
CHICAGO, IL 60611

New Mailing Address:

FEI Number: 30-0003353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUBIS, LORRAINE J M.D.
106-4TH ST. EAST
ST. PETERSBURG, FL 33715 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: PD
Name: COLSON, YOLANDA MD
Address: 65 WILSONDALE ST
City-St-Zip: DOVER, MA 02030

Title: VD
Name: VIRGINIA, LITLE MD
Address: 84 SUMMIT AVENUE
City-St-Zip: BRONXVILLE, NY 10708

Title: SD
Name: DONINGTON, JESSICA MD
Address: 430 EAST 63RD STREET, # 114
City-St-Zip: NEW YORK, NY 10065

Title: MGR
Name: PUCKETT, NANCY
Address: 360 EAST RANDOLPH STREET, #901
City-St-Zip: CHICAGO, IL 60601

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

SIGNATURE: NANCY PUCKETT

MGR

04/01/2010

Electronic Signature of Signing Officer or Director

Date