2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006353

Entity Name: AMERICAN HERNIA SOCIETY, INC.

FILED Feb 15, 2007 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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4582 SOUTH ULSTER STREET PKWY #201 DENVER, CO 80237

Current Mailing Address: New Mailing Address:

P.O. BOX 4834 ENGLEWOOD, CO 80155

FEI Number: 59-2301682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GILBERT, ARTHUR MD 13637 DEERING BAY DR #282 CORAL GABLES, FL 33158 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 LEBLANC, M.D., KARL
 Name:
 DEYSINE, MAXIMO

 Address:
 7777 HENNESSEY BLVD
 Address:
 20 PROSPECT AVENUE

Address: 7777 HENNESSEY BLVD Address: 20 PROSPECT AVENUE City-St-Zip: BATON ROUGE, LA 70808 City-St-Zip: GARDEN CITY, NY 11530

Title: D () Delete Title: D (X) Change () Addition Name: AMID, M.D., PARVIZ Name: MURPHY, JOHN

Address: 9201 SUSET BLVD.,STE 505 Address: 44199 DEQUINDRE #412
City-St-Zip: LOS ANGELES, CA 90069 City-St-Zip: TROY, MI 48085

Title: D () Delete Title: D (X) Change () Addition Name: KAVIC, MICHAEL S Name: GO, PETER S

Address: 1044 BELMONT AVENUE Address: 867 WEST MAIN STREET
City-St-Zip: YOUNGSTOWN, OH 44501 City-St-Zip: SOMERSET, PA 15501

Title: ED () Delete Title: ED (X) Change () Addition Name: WILKES, SHELBURN Name: GODDARD, CAROL

Address: 1811 WYCLIFF DR. Address: 4582 S. ULSTER STREET PARKWAY #201

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: DENVER, CO 80237

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL GODDARD ED 02/15/2007