

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90236 023 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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| <b>DOCUMENT # N02000008338</b><br>1. Entity Name<br><b>AMERICAN HERNIA SOCIETY EDUCATIONAL FOUNDATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                              |                                                                                    |                                                                 |                                                                                                                                                                                                                                          |  |       |                                                                                                                                       |       |                                                                                                                                      |       |                                                                                                                                      |       |                                                                                                                                                              |       |                                 |       |                                 |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |
| Principal Place of Business<br><b>1811 WYCLIFF DR<br/>ORLANDO, FL 32803</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                              |                                                                                    | Mailing Address<br><b>1811 WYCLIFF DR<br/>ORLANDO, FL 32803</b> |                                                                                                                                                                                                                                          |  |       |                                                                                                                                       |       |                                                                                                                                      |       |                                                                                                                                      |       |                                                                                                                                                              |       |                                 |       |                                 |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><b>4582 S. Ulster St #201</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                              | 3. Mailing Address<br><b>PO Box 4834</b>                                           |                                                                 |                                                                                                                                                                                                                                          |  |       |                                                                                                                                       |       |                                                                                                                                      |       |                                                                                                                                      |       |                                                                                                                                                              |       |                                 |       |                                 |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                              | Suite, Apt. #, etc.<br>                                                            |                                                                 |                                                                                                                                                                                                                                          |  |       |                                                                                                                                       |       |                                                                                                                                      |       |                                                                                                                                      |       |                                                                                                                                                              |       |                                 |       |                                 |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |
| City & State<br><b>Denver, CO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                              | City & State<br><b>Englewood, CO</b>                                               |                                                                 | 4. FEI Number<br><b>45-0498372</b>                                                                                                                                                                                                       |  |       |                                                                                                                                       |       |                                                                                                                                      |       |                                                                                                                                      |       |                                                                                                                                                              |       |                                 |       |                                 |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |
| Zip<br><b>80237</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                              | Country<br><b>USA</b>                                                              |                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                   |  |       |                                                                                                                                       |       |                                                                                                                                      |       |                                                                                                                                      |       |                                                                                                                                                              |       |                                 |       |                                 |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |
| Zip<br><b>80155</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                              | Country<br><b>USA</b>                                                              |                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                          |  |       |                                                                                                                                       |       |                                                                                                                                      |       |                                                                                                                                      |       |                                                                                                                                                              |       |                                 |       |                                 |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>WILKES, SHELBY M<br/>1811 WYCLIFF DR<br/>ORLANDO, FL 32803</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                              |                                                                                    |                                                                 | 7. Name and Address of New Registered Agent<br>Name<br><b>Arthur Gilbert, MD</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>13637 Deering Bay Drive #282</b><br>City<br><b>Coral Gables FL</b> Zip Code<br><b>33158</b> |  |       |                                                                                                                                       |       |                                                                                                                                      |       |                                                                                                                                      |       |                                                                                                                                                              |       |                                 |       |                                 |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u>Arthur Gilbert, MD</u> <span style="float: right;">4-23-07</span><br><small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                              |                                                                                    |                                                                 |                                                                                                                                                                                                                                          |  |       |                                                                                                                                       |       |                                                                                                                                      |       |                                                                                                                                      |       |                                                                                                                                                              |       |                                 |       |                                 |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                 | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                                   |  |       |                                                                                                                                       |       |                                                                                                                                      |       |                                                                                                                                      |       |                                                                                                                                                              |       |                                 |       |                                 |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                              |                                                                                    |                                                                 |                                                                                                                                                                                                                                          |  |       |                                                                                                                                       |       |                                                                                                                                      |       |                                                                                                                                      |       |                                                                                                                                                              |       |                                 |       |                                 |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;"> <b>DP</b><br/> <b>LEBLANC, KARL A M.D.</b> <input type="checkbox"/> Delete<br/> <b>777 HENNESSEY BLVD</b><br/> <b>BATON ROUGE, LA 70808</b> </td> </tr> <tr> <td>TITLE</td> <td> <b>DST</b><br/> <b>GILBERT, ARTHUR I M.D.</b> <input type="checkbox"/> Delete<br/> <b>6250 SUNSET DR 2 FLR</b><br/> <b>MIAMI, FL 33143</b> </td> </tr> <tr> <td>TITLE</td> <td> <b>D</b> <input checked="" type="checkbox"/> Delete<br/> <b>WILKES, SHELBY M</b><br/> <b>1811 WYCLIFF DR</b><br/> <b>ORLANDO, FL 32803</b> </td> </tr> <tr> <td>TITLE</td> <td> <b>D</b> <input type="checkbox"/> Delete<br/> <b>Carol Goddard</b><br/> <b>4582 S. Ulster St #201</b><br/> <b>Denver, CO 80237</b> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete         </td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table> </div> </div> |                                                                                                                                                              |                                                                                    |                                                                 |                                                                                                                                                                                                                                          |  | TITLE | <b>DP</b><br><b>LEBLANC, KARL A M.D.</b> <input type="checkbox"/> Delete<br><b>777 HENNESSEY BLVD</b><br><b>BATON ROUGE, LA 70808</b> | TITLE | <b>DST</b><br><b>GILBERT, ARTHUR I M.D.</b> <input type="checkbox"/> Delete<br><b>6250 SUNSET DR 2 FLR</b><br><b>MIAMI, FL 33143</b> | TITLE | <b>D</b> <input checked="" type="checkbox"/> Delete<br><b>WILKES, SHELBY M</b><br><b>1811 WYCLIFF DR</b><br><b>ORLANDO, FL 32803</b> | TITLE | <b>D</b> <input type="checkbox"/> Delete<br><b>Carol Goddard</b><br><b>4582 S. Ulster St #201</b><br><b>Denver, CO 80237</b> <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.<br>SIGNATURE: <u>Carol A. Goddard</u> <span style="float: right;">4-23-07</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                              |                                                                                    |                                                                 |                                                                                                                                                                                                                                          |  |       |                                                                                                                                       |       |                                                                                                                                      |       |                                                                                                                                      |       |                                                                                                                                                              |       |                                 |       |                                 |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |       |                                                                   |