

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 18, 2011
Secretary of State

Entity Name: CORPORATION FOR ADVANCEMENT OF MEDICAL TECHNOLOGIES, INCORPORATED

Current Principal Place of Business:

4 LONGFELLOW PLACE, SUITE 3802
BOSTON, MA 02114

New Principal Place of Business:

4 LONGFELLOW PLACE
SUITE 3802
BOSTON, MA 02114

Current Mailing Address:

4 LONGFELLOW PLACE, SUITE 3802
BOSTON, MA 02114

New Mailing Address:

4 LONGFELLOW PLACE
SUITE 3802
BOSTON, MA 02114

FEI Number: 52-2079827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: CP
Name: SHTERN, FAINA
Address: 4 LONGFELLOW PLACE, SUITE 3802
City-St-Zip: BOSTON, MA 02114

Title: DS
Name: JOLESZ, FERENC
Address: 75 FRANCIS STREET
City-St-Zip: BOSTON, MA 02114

Title: DT
Name: NIELDS, MORGAN
Address: 325 INTERLOCKEN PKWY, BLDG C
City-St-Zip: BROOMFIELD, CO 80021

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: FAINA SHTERN

CP

02/18/2011

Electronic Signature of Signing Officer or Director

Date