

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007872

**FILED**  
**Feb 22, 2015**  
**Secretary of State**  
**CC5226514546**

**Entity Name:** THE ORGAN DONATION AND TRANSPLANT ASSOCIATION OF AMERICA, INC.

**Current Principal Place of Business:**

108 LAKESHORE DRIVE  
SUITE 440  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

108 LAKESHORE DRIVE  
SUITE 440  
NORTH PALM BEACH, FL 33408

**FEI Number: 30-0339531**

**Certificate of Status Desired: Yes**

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

WEINBERG, ALLAN D  
108 LAKESHORE DRIVE  
SUITE 440  
NORTH PALM BEACH, FL 33408 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

**Officer/Director Detail :**

Title           SECT  
Name           BUTLER, CRAIG  
Address        108 LAKESHORE DRIVE  
                  SUITE 440  
City-State-Zip: NORTH PALM BEACH FL 33408

Title           D  
Name           ERWIN, STEVE  
Address        108 LAKESHORE DRIVE, SUITE 440  
City-State-Zip: NORTH PALM BEACH FL 33408

Title           VP  
Name           SPRING, DANIEL  
Address        108 LAKESHORE DRIVE, SUITE 440  
City-State-Zip: NORTH PALM BEACH FL 33408

Title           PRES  
Name           MAYNARD, ROBERT P  
Address        108 LAKESHORE DRIVE SUITE # 440  
City-State-Zip: NORTH PALM BEACH FL 33408

*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: ROBERT P. MAYNARD**

**PRESIDENT**

**02/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date