

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000207

Entity Name: INTERNATIONAL COUNCIL FOR CERTIFICATION OF
CARDIOVASCULAR SPECIALISTS AND ASSISTANTS, INC.**FILED**
Jan 21, 2015
Secretary of State
CC8942964357**Current Principal Place of Business:**6506 SANTA CLARA BLVD
FT. PIERCE, FL 34951-1220**Current Mailing Address:**1801 WOMACK ROAD
DUNWOODY, GA 30338-5142 US**FEI Number: 27-4827144****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WILLIAMS, CHARLES ODY
6506 SANTA CLARA BLVD
FT. PIERCE, FL 34951-1220 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: CHARLES ODY WILLIAMS****01/21/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** CEO, CHAIRMAN OF BOARD**Name** WILLIAMS, CHARLES ODY
BSRS,RCSA**Address** 1801 WOMACK ROAD**City-State-Zip:** DUNWOODY GA 30338**Title** CFO**Name** WADE, WILLARD MICHEAL B.S.,CPA**Address** P.O. BOX 80189**City-State-Zip:** ATLANTA GA 30366**Title** GENERAL MANAGER**Name** HAMMER, RHODA O RN, MS,RCIS,
RCSA, CTAE**Address** 6506 SANTA CLARA BLVD**City-State-Zip:** FT. PIERCE FL 34951-1220**Title** MEDICAL DIRECTOR**Name** VIAMONTE, JR., MANUEL DR.**Address** 1643 BRICKELL AVENUE
2805**City-State-Zip:** MIAMI FL 33129**Title** COO**Name** WILLIAMS, JARROD ALLEN B.A.**Address** 1286 UNIVERSITY AVENUE, PMB 815**City-State-Zip:** SAN DIEGO CA 92103**Title** CHAIRMAN, EXTERNAL ADVISORY
COMMITTEE**Name** KATHE, JOHN H. DR.**Address** 129 LANEAU DRIVE**City-State-Zip:** GREENVILLE SC 29605**Title** EXTERNAL ADVISORY BOARD**Name** CONWAY, LAURENCE DR.**Address** MYSTIC CARDIOLOGY
170 OVERNORS AVENUE, SUITE 108**City-State-Zip:** MEDFORD MA 02156**Title** EXTERNAL ADVISORY BOARD**Name** GROCE, KATHY A
RN,MSN,RCPT,RCSA, CTAE**Address** 10013 KATELYN DRIVE**City-State-Zip:** CHARLOTTE NC 28269**Continues on page 2**

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: CHARLES ODY WILLIAMS**CEO, CHAIRMAN****01/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TECHNICAL MANAGER
Name COLLINS, ANNA
Address 163 NW 156TH STREET
City-State-Zip: MIAMI FL 33169

Title MEMBER, BOARD OF DIRECTORS
Name TRIPLETT, BETHANY RN,BSN, RCSA, CTAE
Address 7675 NESBITT FERRY RD
City-State-Zip: ATLANTA GA 30350

Title MEMBER, BOARD OF DIRECTORS
Name MABIE, DANIEL AS,EMT-P,RCIS,RCSA,CTAE
Address 111 W 3RD STREET
City-State-Zip: WAUNAKEE WI 53597

Title MEMBER, BOARD OF DIRECTORS
Name BAKER, MARK MIC-P,RCIS,RCSA,CTAE
Address 1600 PRAIRIE CENTER PKWY
City-State-Zip: BRIGHTON CO 80601

Title BOARD OF DIRECTORS, MEMBER-AT-LARGE
Name ANGIERS, JENNIFER B.S., CAC
Address 114 SLOAN STREET
City-State-Zip: ROSWELL GA 30075

Title EXTERNAL ADVISORY BOARD
Name YRIZARRY, JOSE DR.
Address 1611 NW 12TH AVENUE
OFFICE #: 279
City-State-Zip: MIAMI FL 33136

Title MEMBER, BOARD OF DIRECTORS
Name HENDRY, LORENA PA-C
Address 1349 ST. MICHEALS COURT SW
City-State-Zip: LILBURN GA 30047

Title MEMBER, BOARD OF DIRECTORS
Name BULL, CHRISTINA M APRN,
MSN,RCIS,RCSA,CTAE
Address 9 MAIDEN STREET
City-State-Zip: BEDFORD NH 03110

Title MEMBER, BOARD OF DIRECTORS
Name NESTER, KIMBERLY MSN, RN, RCSA,
CTAE
Address 3 ASTOR PLACE
City-State-Zip: SPRINGFIELD NJ 07081

Title MEMBER, BOARD OF DIRECTORS
Name HAMMER, RHODA O
RN,MS,RCIS,RCSA,CTAE
Address 6506 SANTA CLARA BLVD
City-State-Zip: FT PIERCE FL 34951-1220

Title BOARD OF DIRECTORS, MEMBER-AT-LARGE
Name FULKERSON, JEFF MS
Address 1365 CLIFTON RD
City-State-Zip: ATLANTA GA 30122