

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000207

**Entity Name:** INTERNATIONAL COUNCIL FOR CERTIFICATION OF  
CARDIOVASCULAR SPECIALISTS AND ASSISTANTS, INC.**FILED**  
**Mar 18, 2014**  
**Secretary of State**  
**CC9576205749****Current Principal Place of Business:**5667 NW 29TH STREET  
SUITE A  
MARGATE, FL 33063**Current Mailing Address:**1801 WOMACK ROAD  
DUNWOODY, GA 30338 US**FEI Number: 27-4827144****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WILLIAMS, CHARLES ODY  
5667 NW 29TH STREET  
SUITE A  
MARGATE, FL 33063 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****03/18/2014**

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 COLLINS, ANNA RCSA,RCIS

Address 163 NW 156ST STREET

City-State-Zip: MIAMI FL 33169

Title MEDICAL DIRECTOR

Name PEVSNER, NORMAN HENRY DR.

Address 301 DESOTO STREET

City-State-Zip: HOLLYWOOD BEACH FL 33019

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 FOX, JOHN DR.

Address BETH ISRAEL MEDICAL CENTER-CV  
SERVICES  
FIRST AVENUE AT16TH STREET

City-State-Zip: NEW YORK NY 10003

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****03/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date