

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000207

Entity Name: INTERNATIONAL COUNCIL FOR CERTIFICATION OF
CARDIOVASCULAR SPECIALISTS AND ASSISTANTS, INC.**FILED**
Jan 25, 2016
Secretary of State
CC4025135624**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****01/25/2016**

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,RCSA,
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** SORENSON, TODD D. B.A.**Address** 1125 ENCHANTMENT RD**City-State-Zip:** RAPID CITY SD 57701**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** 13621 ALEXANDER LANE**City-State-Zip:** HUNTERSVILLE NC 28278**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 OF
BOARD****01/25/2016**

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, CHAIRMAN
EXAMINATION & CERTIFICATION COMMITTEE
Name BAKER, MARK MIC-P,RCIS,RCSA,CTAE
Address 5180 PURPLE MUSTARD COURT
City-State-Zip: BRIGHTON CO 80601

Title BOARD OF DIRECTORS, MEMBER-AT-LARGE
Name ROHRSCHEIDER, TIM PA_C, MMSC,RCSA,
CTAE
Address 3659 LOCH BEND DRIVE
City-State-Zip: COMMERCE TWP MI 48382

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 HOIER, PATRICK MS, RCIS, RCSA, CTAE
Address 5303 EAST LAKE PLACID CIRCLE
City-State-Zip: SIOUX FALLS SD 57110

Title BOARD OF DIRECTORS, MEMBER-AT-LARGE
Name HENDRY, LORENA PA-C, BS, RCSA,
CTAE
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 MUSOVIC, ZORKA RCSA, RCIS, CTAE
Address 1143 HEARTLAND GATE
City-State-Zip: LAKE IN THE HILLS IL 60156

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

Title MEMBER, BOARD OF DIRECTORS
Name SEYMOUR, DANA LYNN AS, RCSA,
CTAE
Address 629 BATTLEGATE LANE
City-State-Zip: PONTE VEDRA FL 32081