

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006353

Entity Name: AMERICAN HERNIA SOCIETY, INC.**Current Principal Place of Business:**4582 SOUTH ULSTER STREET PKWY #201
DENVER, CO 80237**Current Mailing Address:**4582 SOUTH ULSTER STREET PKWY #201
DENVER, CO 80237 US**FEI Number:** 59-2301682**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GILBERT, ARTHUR MD
13637 DEERING BAY DR #282
CORAL GABLES, FL 33158 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 ED
Name GODDARD, CAROL
Address 4582 S. ULSTER STREET PARKWAY
#201
City-State-Zip: DENVER CO 80237

Title VP
Name ROSEN, MICHAEL DR.
Address 32460 WINTERGREEN DRIVE
City-State-Zip: SOLON OH 44129

Title DIRECTOR
Name ADRALES, GINA DR.
Address ONE MEDICAL CENTER DRIVE
City-State-Zip: LEBANON NH 03756

Title DIRECTOR
Name MISRA, DWIJEN DR.
Address 8201 TRADERS HOLLOW LANE
City-State-Zip: INDIANAPOLIS IN 46278

Title PRESIDENT
Name MATTHEWS, BRENT DR.
Address 660 S. EUCLID AVENUE
City-State-Zip: ST. LOUIS MO 63110

Title DIRECTOR
Name POULOSE, BEN DR.
Address 1161 21ST AVENUE SOUTH
City-State-Zip: NASHVILLE TN 37232

Title TREASURER
Name CARBONELL, ALFRED DR.
Address 890 W. FARIS ROAD
City-State-Zip: GREENVILLE SC 29605

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: CAROL A. GODDARD**EXECUTIVE DIRECTOR****01/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date