

**2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N96000006353

**Entity Name:** AMERICAN HERNIA SOCIETY, INC.**Current Principal Place of Business:**444 EAST ALGONQUIN ROAD  
ARLINGTON HEIGHTS, IL 60005**Current Mailing Address:**444 EAST ALGONQUIN ROAD  
ARLINGTON HEIGHTS, IL 60005 US**FEI Number:** 59-2301682**Certificate of Status Desired:** Yes**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:** ARTHUR GILBERT MD

04/13/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name POULOSE, BEN DR.  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title PRESIDENT  
Name CHEN, DAVID DR.  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title SECRETARY  
Name NOVITSKY, MD, YURI  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title DIRECTOR  
Name HARRIS, MD, HOBART  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title DIRECTOR  
Name ITANI, MD, KAMAL  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title PRESIDENT-ELECT  
Name JANIS, JEFFREY DR.  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title TREASURER  
Name PRABHU, AJITA DR.  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title DIRECTOR  
Name AUGENSTEIN, VEDRA DR.  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

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*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:** DAVID CHEN

DR.

04/13/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FISCHER, JOHN DR.  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title DIRECTOR  
Name MALCHER DE OLIVEIRA, FLAVIO DR.  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title DIRECTOR  
Name ROTH, J. SCOTT DR.  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title DIRECTOR  
Name RAMASWAMY, ARCHANA DR.  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title DIRECTOR  
Name DAES, JORGE DR.  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title DIRECTOR  
Name GREENBERG, JACOB DR.  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title DIRECTOR  
Name PALEY, KEITH DR.  
Address 444 EAST ALGONQUIN ROAD  
City-State-Zip: ARLINGTON HEIGHTS IL 60005