

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002822

Entity Name: CORPORATION FOR ADVANCEMENT OF MEDICAL
TECHNOLOGIES, INCORPORATED**Current Principal Place of Business:**ONE BOSTON PLACE, 26TH FLOOR
BOSTON, MA 02108**Current Mailing Address:**ONE BOSTON PLACE
BOSTON, MA 02108 US**FEI Number: 52-2079827****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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	CEO	Title	PRESIDENT
Name	SHTERN, FAINA	Name	SHTERN, FAINA
Address	ONE BOSTON PLACE, 26TH FLOOR	Address	ONE BOSTON PLACE, 26TH FLOOR
City-State-Zip:	BOSTON MA 02108	City-State-Zip:	BOSTON MA 02108
Title	TREASURER		
Name	NIELDS, MORGAN		
Address	325 INTERLOCKEN PKWY, BLDG C		
City-State-Zip:	BROOMFIELD CO 80021		

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: FAINA SHTERN**PRESIDENT****05/16/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date