

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741748

FILED
Apr 14, 2004
Secretary of State

Entity Name: AMERICAN SOCIETY FOR ARTIFICIAL INTERNAL ORGANS, INC.

Current Principal Place of Business:

2200 N. FEDERAL HWY. SUITE 201
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX C
BOCA RATON, FL 33429 US

New Mailing Address:

FEI Number: 23-6400773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, KAREN
2200 N FEDERAL HIGHWAY
SUITE 201
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DEPNER, THOMAS
Address: 4150 V STREET STE 3500
City-St-Zip: SACRAMENTO, CA 958172282

Title: STD () Delete
Name: ROSENBERG, GERSON
Address: 1903 MAGNOLIA LANE
City-St-Zip: LEBANON, PA 17042

Title: PD () Delete
Name: PHILLIPS, STEVEN
Address: 8600 ROCKVILLE PIKE
City-St-Zip: BETHESDA, MD 20894

Title: VD () Delete
Name: BURKE, KAREN
Address: 2200 N FED.HWY STE 201
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEPNER, THOMAS
Address: 4150 V STREET STE 3500
City-St-Zip: SACRAMENTO, CA 958172282

Title: VD (X) Change () Addition
Name: ROSENBERG, GERSON
Address: 1903 MAGNOLIA LANE
City-St-Zip: LEBANON, PA 17042

Title: ST (X) Change () Addition
Name: ASH, STEVEN
Address: 3601 SAGAMORE PARKWAY N #B
City-St-Zip: LAFAYETTE, IN 47904

Title: D (X) Change () Addition
Name: BURKE, KAREN
Address: 2200 N FED.HWY STE 201
City-St-Zip: BOCA RATON, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN BURKE

D

04/14/2004

Electronic Signature of Signing Officer or Director

Date