
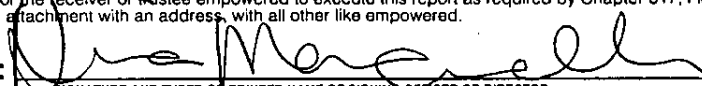


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90060 050 ****61.25

DOCUMENT # 741748 1. Entity Name AMERICAN SOCIETY FOR ARTIFICIAL INTERNAL ORGANS, INC.					
Principal Place of Business 2200 N. FEDERAL HWY. SUITE 201 BOCA RATON, FL 33431 US			Mailing Address P.O. BOX C BOCA RATON, FL 33429 US		
2. Principal Place of Business 980 N Federal Hwy Ste 212		3. Mailing Address Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State		4. FEI Number 23-6400773	
Zip 33432		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, KAREN 2200 N FEDERAL HIGHWAY SUITE 201 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8TH AVE C STREET		STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY, UT 84143		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, GERSON		NAME		
STREET ADDRESS	1903 MAGNOLIA LANE		STREET ADDRESS		
CITY-ST-ZIP	LEBANON, PA 17042		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH; STEVEN		NAME		
STREET ADDRESS	3601 SAGAMORE PARKWAY N #B		STREET ADDRESS		
CITY-ST-ZIP	LAFAYETTE, IN 47904		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, KAREN		NAME		
STREET ADDRESS	2200 N FED. HWY STE 201		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lysaght, Michael		NAME		
STREET ADDRESS	10 River Run		STREET ADDRESS		
CITY-ST-ZIP	East Greenwich, RI 02818		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				02-14-06 561-391-8589	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	