2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741748

FILED Jan 24, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

980 N FEDERAL HWY STE 212 BOCA RATON, FL 33432

Current Mailing Address: New Mailing Address:

P.O. BOX C

BOCA RATON, FL 33429 US

FEI Number: 23-6400773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURKE, KAREN BURKE, KAREN

980 N FEDERAL HWY, STE 212 980 N FEDERAL HWY, STE 212 BOCA RATON, FL 33432 SUITE 201 BOCA RATON, FL 33432 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: 01/24/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete LONG, JAMES WAYNE, RICHENBACHER MD Name: Name: 8TH AVE C STREET Address: 616 ST. THOMAS COURT Address: IOWA CITY, IA 52245 City-St-Zip: SALT LAKE CITY, UT 84143 City-St-Zip:

Title: Title: (X) Change () Addition () Delete

Name: ASH, STEVEN Name: WILLIAM, HOLMAN MD Address: 3601 SAGAMORE PARKWAY N #B Address: 29 FAIRWAY DRIVE City-St-Zip: LAFAYETTE, IN 47904 City-St-Zip: BIRMINGHAM, AL 35213

Title: () Delete Title: (X) Change () Addition

BURKE, KAREN Name: BURKE, KAREN Name: 2200 N FED.HWY STE 201 Address: Address: 980 N FED.HWY STE 212

City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33432

Title: ST () Delete Title: (X) Change () Addition

LYSAGNT, MICHAEL Name: Name: LYSAGHT, MICHAEL PHD 1C RIVER RUN 1C RIVER RUN Address: Address:

City-St-Zip: EAST GREENWICH, RI 02818 City-St-Zip: EAST GREENWICH, RI 02818

Title: () Delete Title: () Change (X) Addition GERSON, ROSENBERG PHD Name: Name: Address:

1903 MAGNOLIA LANE Address: City-St-Zip: City-St-Zip: LEBANON, PA 17042

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 MS 01/24/2007