

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741748

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

980 N FEDERAL HWY STE 212
BOCA RATON, FL 33432 US

New Principal Place of Business:

980 NORTH FEDERAL HIGHWAY
SUITE 212
BOCA RATON, FL 33432 US

Current Mailing Address:

980 N FED HWY STE 212
BOCA RATON, FL 33432 US

New Mailing Address:

980 NORTH FEDERAL HIGHWAY
SUITE 212
BOCA RATON, FL 33432 US

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
980 N FEDERAL HWY, STE 212
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

BURKE, KAREN ED
980 NORTH FEDERAL HIGHWAY
SUITE 212
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: KAREN BURKE

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WAYNE, RICHENBACHER MD
Address: 616 ST. THOMAS COURT
City-St-Zip: IOWA CITY, IA 52245

Title: ST () Delete
Name: WILLIAM, HOLMAN MD
Address: 29 FAIRWAY DRIVE
City-St-Zip: BIRMINGHAM, AL 35213

Title: D () Delete
Name: BURKE, KAREN
Address: 980 N FED.HWY STE 212
City-St-Zip: BOCA RATON, FL 33432

Title: P () Delete
Name: LYSAGHT, MICHAEL PHD
Address: 1C RIVER RUN
City-St-Zip: EAST GREENWICH, RI 02818

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: BURKE, KAREN
Address: 980 NORTH FEDERAL HIGHWAY, SUITE 212
City-St-Zip: BOCA RATON, FL 33432 US

Title: P (X) Change () Addition
Name: RICHENBACHER, WAYNE E MD
Address: 616 ST THOMAS CT
City-St-Zip: IOWA CITY, IA 52245

Title: VP (X) Change () Addition
Name: HOLMAN, WILLIAM L MD
Address: 29 FAIRWAY DR
City-St-Zip: BIRMINGHAM, AL 35213

Title: ST (X) Change () Addition
Name: HUMES, DAVID H MD
Address: 1150 W MEDICAL DR, 4520 MSRB I BOX 5651
City-St-Zip: ANN ARBOR, MI 48109

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

I hereby certify that the information supplied with this filing does not qualify 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

ED

04/13/2009

Electronic Signature of Signing Officer or Director

Date