

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 741748

FILED  
Aug 02, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

7700 CONGRESS AVENUE  
SUITE 3107  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

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

**New Mailing Address:**

7700 CONGRESS AVENUE  
SUITE 3107  
BOCA RATON, FL 33487 US

FEI Number: 23-6400773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

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

BURKE, KAREN ED  
7700 CONGRESS AVENUE  
SUITE 3107  
BOCA RATON, FL 33487 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

08/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED  
Name: BURKE, KAREN  
Address: 7700 CONGRESS AVENUE SUITE 3107  
City-St-Zip: BOCA RATON, FL 33487 US

Title: P  
Name: DASSE, KURT PHD  
Address: 45 FIRST AVENUE  
City-St-Zip: WALTHAM, MA 02451 US

Title: VP  
Name: SLAUGHTER, MARK L MD  
Address: 201 ABRAHAM FLEXNER WAY  
City-St-Zip: LOUISVILLE, KY 40202 US

Title: ST  
Name: WEISS, WILLIAM PHD  
Address: 500 UNIVERSITY DRIVE  
City-St-Zip: HERSHEY, PA 17033 US

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

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: KAREN BURKE

ED

08/02/2012

Electronic Signature of Signing Officer or Director

Date