

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004603

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH, INC.

**Current Principal Place of Business:**

1455 NW LEARY WAY  
SEATTLE, WA 98107

**New Principal Place of Business:**

**Current Mailing Address:**

1455 NW LEARY WAY  
SEATTLE, WA 98107

**New Mailing Address:**

**FEI Number:** 91-1157127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: D ( ) Delete  
Name: FATHALLA, MAHMOUD F MD, PHD  
Address: 1455 NW LEARY WAY  
City-St-Zip: SEATTLE, WA 98107

Title: VCOB ( ) Delete  
Name: COYE, MOLLY J  
Address: 1455 NW LEARY WAY  
City-St-Zip: SEATTLE, WA 98107

Title: P ( ) Delete  
Name: ELIAS, CHRISTOPHER J  
Address: 1455 NW LEARY WAY  
City-St-Zip: SEATTLE, WA 98107

Title: S ( ) Delete  
Name: SATIA, JAY  
Address: 1455 NW LEARY WAY  
City-St-Zip: SEATTLE, WA 98107

Title: T ( ) Delete  
Name: ALLEN, DEAN  
Address: 1455 NW LEARY WAY  
City-St-Zip: SEATTLE, WA 98107

Title: COB ( ) Delete  
Name: CORDEIRO, VERA  
Address: 1455 NW LEARY WAY  
City-St-Zip: SEATTLE, WA 98107

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ELIAS, CHRISTOPHER J MD, MPH  
Address: 1455 NW LEARY WAY  
City-St-Zip: SEATTLE, WA 98107

Title: COB (X) Change ( ) Addition  
Name: CORDEIRO, VERA  
Address: 1455 NW LEARY WAY  
City-St-Zip: SEATTLE, WA 98107

Title: VCOB (X) Change ( ) Addition  
Name: COYE, MOLLY J  
Address: 1455 NW LEARY WAY  
City-St-Zip: SEATTLE, WA 98107

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: WALKER, ERIC G  
Address: 1455 NW LEARY WAY  
City-St-Zip: SEATTLE, WA 98107

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: SCOTT JACKSON

VP

04/23/2009

Electronic Signature of Signing Officer or Director

Date