

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002629

FILED
Jan 17, 2011
Secretary of State

Entity Name: AMERICAN SUDDEN INFANT DEATH SYNDROME INSTITUTE, INC.

Current Principal Place of Business:

528 RAVEN WAY
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

528 RAVEN WAY
NAPLES, FL 34110

New Mailing Address:

FEI Number: 58-1516306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCENTIRE, BETTY
528 RAVEN WAY
NAPLES, FL 34110 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: C
Name: PETERZELL, MARC JD
Address: 171 17TH STREET, SUITE 2100
City-St-Zip: ATLANTA, GA 30363

Title: DST
Name: MCENTIRE, BETTY PHD
Address: 528 RAVEN WAY
City-St-Zip: NAPLES, FL 34110

Title: P
Name: STEINSCHNEIDER, MD, ALFRED PHD
Address: 10700 KINGS RIDING WAY #101
City-St-Zip: BETHESDA, MD 208525403

Title: D
Name: KISSIN, MD, MPH, DMITRY
Address: 2545 NIBLICK WAY
City-St-Zip: DULUTH, GA 30097

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: BETTY MCENTIRE

DST

01/17/2011

Electronic Signature of Signing Officer or Director

Date