2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N05000007872

Entity Name: THE ORGAN DONATION AND TRANSPLANT ASSOCIATION OF AMERICA, INC.

Current Principal Place of Business:

108 LAKESHORE DRIVE
SUITE 440
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

108 LAKESHORE DRIVE
SUITE 440
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 30-0339531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEINBERG, ALLAN D
108 LAKESHORE DRIVE
SUITE 440
NORTH PALM BEACH, FL 33408 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: ALLAN, WEINBERG
Address: 108 LAKESHORE DRIVE, SUITE 440
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: D/T ( ) Delete
Name: ERWIN, STEVE
Address: 108 LAKESHORE DRIVE, SUITE 440
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: D ( ) Delete
Name: PIZARRO, JOSE A
Address: 108 LAKESHORE DRIVE, SUITE 440
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: D ( ) Delete
Name: MOBLEY, GILBERT
Address: 108 LAKESHORE DRIVE, SUITE 440
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WEINBERG, ALLAN D
Address: 108 LAKESHORE DRIVE, SUITE 440
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: D (X) Change ( ) Addition
Name: MOBLEY, GILBERT L
Address: 108 LAKESHORE DRIVE, SUITE 440
City-St-Zip: NORTH PALM BEACH, FL 33408 US

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

Title: D (X) Change ( ) Addition
Name: BELL, JOHN
Address: 108 LAKESHORE DRIVE, SUITE 440
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Change (X) Addition
Name: MAYNARD, ROBERT P
Address: 108 LAKESHORE DRIVE SUITE # 440
City-St-Zip: NORTH PALM BEACH, FL 33408

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: ALLAN D WEINBERG PRES 01/22/2009

Electronic Signature of Signing Officer or Director — Date