

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007872

FILED  
Feb 17, 2011  
Secretary of State

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

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

Title: D  
Name: SPRING, DANIEL  
Address: 108 LAKESHORE DRIVE, SUITE 440  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

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

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

Title: D  
Name: ERWIN, STEVE  
Address: 108 LAKESHORE DRIVE SUITE # 440  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: ALLAN WEINBERG

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date