

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009127

FILED
Jan 24, 2009
Secretary of State

Entity Name: AFRICA SURGICAL ASSISTANCE PROJECT, INC.

Current Principal Place of Business:

1400 NE MIAMI GARDENS DRIVE, SUITE 203
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

1400 NE MIAMI GARDENS DRIVE
SUITE 203
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1400 NE MIAMI GARDENS DRIVE, SUITE 203
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

1400 NE MIAMI GARDENS DRIVE
SUITE 203
NORTH MIAMI BEACH, FL 33179

FEI Number: 26-3472450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, KEVIN P M.D.
1400 NE MIAMI GARDENS DRIVE, SUITE 203
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

STEWART, KEVIN P M.D.
1400 NE MIAMI GARDENS DRIVE
SUITE 203
NORTH MIAMI BEACH, FL 33179 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:

01/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEWART, KEVIN P M.D.
Address: 1400 NE MIAMI GARDENS DRIVE, SUITE 203
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: PELLETIER, JESSE
Address: 1500 BAY ROAD, APT. 1164
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: CAPRIOTTI, JOHN
Address: 1400 NE MIAMI GARDENS DRIVE, SUITE 203
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: STEWART, KEVIN P M.D.
Address: 1400 NE MIAMI GARDENS DRIVE, SUITE 203
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: DR. (X) Change () Addition
Name: PELLETIER, JESSE
Address: 1500 BAY ROAD, APT. 1164
City-St-Zip: MIAMI BEACH, FL 33139

Title: MR. (X) Change () Addition
Name: CAPRIOTTI, JOHN
Address: 1400 NE MIAMI GARDENS DRIVE, SUITE 203
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: KEVIN STEWART

DR.

01/24/2009

Electronic Signature of Signing Officer or Director

Date