

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011366

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** THE AMERICAS HEPATO-PANCREATO-BILIARY FOUNDATION, INC.

**Current Principal Place of Business:**

341 N. MAITLAND AVE., SUITE 130  
MAITLAND, FL 33751

**New Principal Place of Business:**

341 N. MAITLAND AVE., SUITE 130  
MAITLAND, FL 32751

**Current Mailing Address:**

341 N. MAITLAND AVE., SUITE 130  
MAITLAND, FL 33751

**New Mailing Address:**

341 N. MAITLAND AVE., SUITE 130  
MAITLAND, FL 32751

FEI Number: 27-4355142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'DELL, KIM  
CROW SEGAL MANAGEMENT COMPANY, INC.  
341 N. MAITLAND AVE. SUITE 130  
MAITLAND, FL 32751 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  
Name: HELTON, W. SCOTT MD  
Address: 32 HILLTOP DRIVE  
City-St-Zip: MADISON, CT 06443

Title: D  
Name: JARNAGIN, WILLIAM R  
Address: 1275 YORK AVENUE, C887  
City-St-Zip: NEW YORK, NY 10021

Title: D  
Name: SCHIRMER, BRUCE D MD  
Address: P.O. BOX 800709  
City-St-Zip: CHARLOTTESVILLE, VA 229080709

Title: D  
Name: ESPAT, N. JOSEPH  
Address: 825 CHALKSTONE AVENUE  
City-St-Zip: PROVIDENCE, RI 029084735

Title: D  
Name: SANTIBANES, EDUARDO D MD, PHD  
Address: 1181 CAPITAL FEDERAL  
City-St-Zip: BUENOS AIRES, ARGENTINA,

Title: D  
Name: SCHWARZ, RODERICH E MD  
Address: 5323 HARRY HINES BLVD  
City-St-Zip: PORTLAND, OR 97239

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: KIM O'DELL

REP

02/15/2012

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

\_\_\_\_\_  
Date