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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90253 031 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000002848**

1. Corporation Name  
**AMERICAN SOCIETY FOR BARIATRIC SURGERY FOUNDATIO  
 N, INC.**

Principal Place of Business 6717 NW 11 PLACE STE C GAINESVILLE FL 32605	Mailing Address 6717 NW 11 PLACE STE C GAINESVILLE FL 32605
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2. Principal Place of Business 21 140 NW 75 Drive Suite, Apt. #, etc. 22 Suite C City & State 23 Gainesville, FL Zip 24 32607-1587	2a. Mailing Address 26 140 NW 75 Drive Suite, Apt. #, etc. 27 Suite C City & State 28 Gainesville, FL Zip 29 32607-1587	3. Date Incorporated or Qualified 05/13/1998	4. FEI Number 59-3520006	Applied For Not Applicable
Country 25 USA	Country 30 USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent  MALLORY, GEORGANN 6717 NW 11 PLACE STE C GAINESVILLE FL 32605	10. Name and Address of New Registered Agent 81 Name Georgeann Mallory 82 Street Address (P.O. Box Number is Not Acceptable) 140 NW 75 Drive, Suite C 83 84 City Gainesville FL 85 Zip Code 32607-1587
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DEITEL, MELVIN	1.2 NAME Deitel, Mervyn
STREET ADDRESS 10 PENWOOD CRESCENT	1.3 STREET ADDRESS 3100 Bayview Avenue, Unit 4	CITY-ST-ZIP NO YORK ONTARIO CA M3B 2B9	1.4 CITY-ST-ZIP Toronto, Ontario, Canada M2N 5L3
TITLE D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MACDONALD, KENNETH G	2.2 NAME
STREET ADDRESS DEPT OF SURGERY E. CAROLINA UNIV.	2.3 STREET ADDRESS	CITY-ST-ZIP GREENVILLE NC 27858	2.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	3.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MCGRERGOR, ALEX M	3.2 NAME Macgregor, Alex M.C.
STREET ADDRESS 6717 NW 11 PLACE STE C	3.3 STREET ADDRESS 140 NW 75 Drive, Suite C	CITY-ST-ZIP GAINESVILLE FL 32605	3.4 CITY-ST-ZIP Gainesville, FL 32607-1587
TITLE D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME TERRY, BOYD E	4.2 NAME
STREET ADDRESS N306 GEN SURGERY ONE HOSPITAL DR	4.3 STREET ADDRESS	CITY-ST-ZIP COLUMBIA MO 65212	4.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME WILLBANKS, OTTO L	5.2 NAME Willbanks, Otto L.
STREET ADDRESS 6339 DANBURY LANE	5.3 STREET ADDRESS 7006 Deloach Avenue	CITY-ST-ZIP DALLAS TX 75214-2153	5.4 CITY-ST-ZIP Dallas, TX 75225
TITLE D <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME FOX, S R	6.2 NAME
STREET ADDRESS 3716 PACIFIC AVE STE B	6.3 STREET ADDRESS	CITY-ST-ZIP TACOMA WA 98445	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Georgeann Mallory 2/25/99 352-331-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)