


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**


**DOCUMENT # N98000002848**

1. Entity Name  
**AMERICAN SOCIETY FOR BARIATRIC SURGERY FOUNDATION, INC.**



Principal Place of Business <b>100 SW 75TH STREET, SUITE 201          GAINESVILLE, FL 32607 US</b>	Mailing Address <b>100 SW 75TH STREET, SUITE 201          GAINESVILLE, FL 32607 US</b>
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01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3520006</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MALLORY, GEORGANN  
 100 SW 75TH STREET, SUITE 201  
 GAINESVILLE, FL 32607**

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5. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEITEL, MERVYN 3100 BAYVIEW AVE UNIT 4 TORONTO, ONTARIO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POPOOLA, DAPO 22525 MAPLE AVENUE SUITE 102 TORRANCE, CA 90505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARZUNE, LAWRENCE 7777 FOREST LANE BLDG A SUITE 339 DALLAS, TX 75230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, BOYD E N306 GEN SURGERY ONE HOSPITAL DR COLUMBIA, MO 65212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, TRACY 6719 ALVARADO ROAD SUITE 308 SAN DIEGO, CA 921205206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, S R 3716 PACIFIC AVE STE B TACOMA, WA 98445

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 04/27/05-80114-013 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE STILLWELL 4/25/05 352332-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #