

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002848

FILED
Apr 11, 2006
Secretary of State

Entity Name: AMERICAN SOCIETY FOR BARIATRIC SURGERY FOUNDATION, INC.

Current Principal Place of Business:

100 SW 75TH STREET, SUITE 201
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

100 SW 75TH STREET, SUITE 201
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3520006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLORY, GEORGANN
100 SW 75TH STREET, SUITE 201
GAINESVILLE, FL 32607 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 () Delete
Name: DEITEL, MERVYN
Address: 3100 BAYVIEW AVE UNIT 4
City-St-Zip: TORONTO, ONTARIO, CA OC

Title: ST () Delete
Name: POPOOLA, DAPO
Address: 22525 MAPLE AVENUE SUITE 102
City-St-Zip: TORRANCE, CA 90505

Title: P () Delete
Name: BARZUNE, LAWRENCE
Address: 7777 FOREST LANE BLDG A SUITE 339
City-St-Zip: DALLAS, TX 75230

Title: D () Delete
Name: TERRY, BOYD E
Address: N306 GEN SURGERY ONE HOSPITAL DR
City-St-Zip: COLUMBIA, MO 65212

Title: D () Delete
Name: OWENS, TRACY
Address: 6719 ALVARADO ROAD SUITE 308
City-St-Zip: SAN DIEGO, CA 921205206

Title: D () Delete
Name: FOX, S R
Address: 3716 PACIFIC AVE STE B
City-St-Zip: TACOMA, WA 98445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGEANN MALLORY

Electronic Signature of Signing Officer or Director

MRS.

04/11/2006

Date