


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90020 013 ****61.25

DOCUMENT # N98000002848

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



Principal Place of Business
100 SW 75TH STREET, SUITE 201 GAINESVILLE, FL 32607 US

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

40023114



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02202007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-3520006

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEITEL, MERVYN		NAME		
STREET ADDRESS	3100 BAYVIEW AVE UNIT 4		STREET ADDRESS	"see attached"	
CITY-ST-ZIP	TORONTO, ONTARIO, CA		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPOOLA, DAPO		NAME		
STREET ADDRESS	22525 MAPLE AVENUE SUITE 102		STREET ADDRESS		
CITY-ST-ZIP	TORRANCE, CA 90505		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARZUNE, LAWRENCE		NAME		
STREET ADDRESS	7777 FOREST LANE BLDG A SUITE 339		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75230		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, BOYD E		NAME		
STREET ADDRESS	N306 GEN SURGERY ONE HOSPITAL DR		STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA, MO 65212		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, TRACY		NAME		
STREET ADDRESS	6719 ALVARADO ROAD SUITE 308		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 921205206		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, S R		NAME		
STREET ADDRESS	3716 PACIFIC AVE STE B		STREET ADDRESS		
CITY-ST-ZIP	TACOMA, WA 98445		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joe Nadglowski Date: 2/21/07 Daytime Phone #: 352-332-9100

Executive Director

ATTACHMENT
40023114
N98600002848

AMERICAN SOCIETY FOR BARIATRIC SURGERY FOUNDATION, INC.
BOARD OF DIRECTOR ADDITIONS

NAME	TITLE	ADDRESS
MAL Fobi, MD	P	21520 S. Pioneer Blvd., Suite 204, Hawaiian Gardens, CA 90716
James Sapala, MD	ST	9000 Shore Rd., Brooklyn, NY 11209
John W. Baker, MD	D	1 Lile Ct., Suite 103, Little Rock, AR 72205
Carlos Carrasquilla, MD	D	4900 W Oakland Park Blvd North Bldg., Suite 306. Lauderdale Lakes, FL 33313
Jamie Carr, RN	D	2011 Church Street, Suite 101, Nashville, TN 37203
Neil E. Hutcher, MD	D	5855 Bremo Rd., Suite 506, Richmond, VA 23226
Bryce Klontz	D	150 Glover Ave., Norwalk, CT 06856
Georgeann Mallory, RD	D	100 SW 75th St., Suite 201, Gainesville, FL 32607
Bryan Woodward, MPH, LCEP	D	P.O. Box 330038, Nashville, TN 37203
Joseph Nadglowski, Jr.	D	4511 N Himes Ave., Suite 250, Tampa, FL 33614