

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N98000002848

Entity Name: AMERICAN SOCIETY FOR METABOLIC & 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:

NADGLOWSKI, JOSEPH
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: ST () Delete
Name: CARRASQUILLA, CARLOS MD
Address: 7431 N UNIVERSITY DR., SUITE 211A
City-St-Zip: TAMARAC, FL 33321

Title: PP () Delete
Name: FOBI, MAL
Address: 21520 S. PIONEER BLVD., STE 204
City-St-Zip: HAWAIIAN GARDENS, CA 90716

Title: D () Delete
Name: MALLORY, GEORGEANN
Address: 100 SW 75TH STREET, SUITE 201
City-St-Zip: GAINESVILLE, FL 32607

Title: P () Delete
Name: BAKER, JOHN W MD
Address: 1 LITE CT., STE 103
City-St-Zip: LITTLE ROCK, AR 72205

Title: ED () Delete
Name: NADGLOWSKI, JOSEPH
Address: 100 SW 75TH STREET, SUITE 201
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: HUTCHER, NEIL MD
Address: 5855 BREMO ROAD, SUITE 506
City-St-Zip: RICHMOND, VA 23226

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
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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 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: KIM CARMICHAEL

FM

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date