

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011366

FILED
Apr 22, 2013
Secretary of State
CC6081873611

Entity Name: THE AMERICAS HEPATO-PANCREATO-BILIARY FOUNDATION, INC.

Current Principal Place of Business:

5019 W 147TH ST
LEAWOOD, KS 66224

Current Mailing Address:

5019 W 147TH ST
LEAWOOD, KS 66224 US

FEI Number: 27-4355142

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title PRESIDENT
Name HELTON, W. SCOTT MD
Address 32 HILLTOP DRIVE
City-State-Zip: MADISON CT 06443

Title DIRECTOR
Name SCHIRMER, BRUCE DMD
Address P.O. BOX 800709
City-State-Zip: CHARLOTTESVILLE VA 22908-0709

Title DIRECTOR
Name ADAMS, REID
Address 5019 W 147TH ST
City-State-Zip: LEAWOOD KS 66224

Title DIRECTOR
Name GREIG, PAUL
Address 5019 W 147TH ST
City-State-Zip: LEAWOOD KS 66224

Title DIRECTOR
Name HERMAN, PAULO
Address 5019 W 147TH ST
City-State-Zip: LEAWOOD KS 66224

Title DIRECTOR
Name IMVENTARZA, OSCAR
Address 5019 W 147TH ST
City-State-Zip: LEAWOOD KS 66224

Title DIRECTOR
Name ORLOFF, SUSAN
Address 5019 W 147TH ST
City-State-Zip: LEAWOOD KS 66224

Title DIRECTOR
Name PITT, HENRY
Address 5019 W 147TH ST
City-State-Zip: LEAWOOD KS 66224

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: NONIE LOWRY

EXECUTIVE DIRECTOR

04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VAUTHEY, JEAN-NICOLAS
Address 5019 W 147TH ST
City-State-Zip: LEAWOOD KS 66224

Title EXECUTIVE DIRECTOR
Name LOWRY, NONIE
Address 5019 W 147TH ST
City-State-Zip: LEAWOOD KS 66224