

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011366

**FILED**  
**Mar 11, 2024**  
**Secretary of State**  
**7934695141CC**

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

**Current Principal Place of Business:**

2508 W. 71ST STREET  
PRAIRIE VILLAGE, KS 66208

**Current Mailing Address:**

2508 W. 71ST STREET  
PRAIRIE VILLAGE, KS 66208 US

**FEI Number:** 27-4355142

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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            CALLERY, MARK  
Address        2508 W. 71ST STREET  
City-State-Zip: PRAIRIE VILLAGE KS 66208

Title            TREASURER  
Name            ZIBARI, GAZI  
Address        2508 W. 71ST STREET  
City-State-Zip: PRAIRIE VILLAGE KS 66208

Title            DIRECTOR  
Name            HAGOPIAN, ELLEN  
Address        2508 W. 71ST STREET  
City-State-Zip: PRAIRIE VILLAGE KS 66208

Title            DIRECTOR  
Name            LENDOIRE, JAVIER  
Address        2508 W. 71ST STREET  
City-State-Zip: PRAIRIE VILLAGE KS 66208

Title            VP  
Name            LILLEMUE, KEITH  
Address        2508 W. 71ST STREET  
City-State-Zip: PRAIRIE VILLAGE KS 66208

Title            SECRETARY  
Name            CHAPMAN, WILLIAM  
Address        2508 W. 71ST STREET  
City-State-Zip: PRAIRIE VILLAGE KS 66208

Title            DIRECTOR  
Name            WEBER, SHARON  
Address        2508 W. 71ST STREET  
City-State-Zip: PRAIRIE VILLAGE KS 66208

Title            EXECUTIVE DIRECTOR  
Name            MALIA, MARJIE  
Address        620 INDIAN WAY  
City-State-Zip: BARRINGTON IL 60010

**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:** MARJIE MALIA

**EXECUTIVE DIRECTOR**

**03/11/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           JOHNSON, LYNT  
Address        2508 W. 71ST STREET  
City-State-Zip: PRAIRIE VILLAGE KS 66208

Title           DIRECTOR  
Name           COIMBRA, FELIPE  
Address        2508 W. 71ST STREET  
City-State-Zip: PRAIRIE VILLAGE KS 66208