

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011366

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC9847378465**

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

**Current Principal Place of Business:**

620 INDIAN WAY  
BARRINGTON, IL 60010

**Current Mailing Address:**

620 INDIAN WAY  
BARRINGTON, IL 60010 US

**FEI Number:** 27-4355142

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR. SUITE A  
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           SCHIRMER, BRUCE DMD  
Address        P.O. BOX 800709  
City-State-Zip: CHARLOTTESVILLE VA 22908-0709

Title           TREASURER  
Name           ADAMS, REID  
Address        BOX 800709  
City-State-Zip: CHARLOTTESVILLE VA 22908-0709

Title           DIRECTOR  
Name           GREIG, PAUL  
Address        585 UNIVERSITY AVE.  
City-State-Zip: TORONTO ONTARIO M5G 2N2

Title           DIRECTOR  
Name           IMVENTARZA, OSCAR  
Address        COMBATE DE LOS POZOS 1881  
                  VIRREY LORETO 1721  
City-State-Zip: BUENOS AIRES 1426

Title           DIRECTOR  
Name           ORLOFF, SUSAN  
Address        3181 SW SAM JACKSON PARK RD  
City-State-Zip: PORTLAND OR 97239-3098

Title           SECRETARY  
Name           PITT, HENRY  
Address        535 BARNHILL FRIVE, RT 130 D  
City-State-Zip: INDIANAPOLIS IN 46202

Title           DIRECTOR  
Name           VAUTHEY, JEAN-NICOLAS  
Address        UNIT 1484  
City-State-Zip: HOUSTON TX 77030

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**

**04/11/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name PINSON, C. WRIGHT  
Address 1161 21ST AVE SOUTH  
D3300 MCN  
City-State-Zip: NASHVILLE TN 37232

Title DIRECTOR  
Name COIMBRA, FELIPE  
Address RUO JOSE GETULIO, 579, CONJ. 42  
City-State-Zip: SAO PAULO 01509-001