

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011366

**FILED**  
**Apr 16, 2014**  
**Secretary of State**  
**CC2585156269**

**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

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*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 DIRECTORY    04/16/2014**

\_\_\_\_\_  
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