

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002848

Entity Name: AMERICAN SOCIETY FOR METABOLIC & BARIATRIC SURGERY FOUNDATION, INC.**FILED**
Apr 29, 2016
Secretary of State
CC7883020729**Current Principal Place of Business:**100 SW 75TH STREET, SUITE 201
GAINESVILLE, FL 32607**Current Mailing Address:**100 SW 75TH STREET, SUITE 201
GAINESVILLE, FL 32607 US**FEI Number: 59-3520006****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STILLWELL, CONNIE
100 SW 75TH STREET, SUITE 201
GAINESVILLE, FL 32607 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: CONNIE STILLWELL****04/29/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PAST PRESIDENT
Name ROSENTHAL, RAUL DR.
Address 2950 CLEVELAND CLINIC BLVD.
City-State-Zip: WESTON FL 33331**Title** SECRETARY/TREASURER
Name KIM, KEITH DR.
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607**Title** DIRECTOR
Name HIGA, KELVIN DR.
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607**Title** DIRECTOR
Name LUTFI, RAMI DR.
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607**Title** DIRECTOR
Name MALLORY, GEORGEANN
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607**Title** S/T
Name KURIAN, MARINA DR.
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607**Title** DIRECTOR
Name SCHAUER, PHILIP DR.
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607**Title** DIRECTOR
Name HUTTER, MATT DR.
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607**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: GEORGEANN MALLORY**DIRECTOR****04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PONCE, JAIME DR.
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name MORTON, JOHN DR.
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name ENGLISH, WAYNE DR.
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name BRETHAUER, STACEY MD
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name SCHULZ, KAREN RN
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name POMP, ALFONS DR.
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name MATTAR, SAMER DR.
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name CHAND, BIPAN DR.
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name BALDO, GINA
Address 100 SW 75TH STREET, SUITE 201
City-State-Zip: GAINESVILLE FL 32607