

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002848

Entity Name: AMERICAN SOCIETY FOR METABOLIC & BARIATRIC SURGERY FOUNDATION, INC.

FILED
Feb 27, 2013
Secretary of State
CC8709006095

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:

NADGLOWSKI, JOSEPH
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PROVOST, DAVID AMD
Address 2501 SCRIPTURE #303
City-State-Zip: DENTON TX 76201

Title ST
Name ROSENTHAL, RAUL DR.
Address 2950 CLEVELAND CLINIC BLVD.
City-State-Zip: WESTON FL 33331

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

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

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

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

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

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

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

02/27/2013

Electronic Signature of Signing Officer/Director Detail

Date