

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002848

Entity Name: AMERICAN SOCIETY FOR METABOLIC & BARIATRIC SURGERY
FOUNDATION, INC.**FILED**
Apr 25, 2024
Secretary of State
6197078637CC**Current Principal Place of Business:**14260 W NEWBERRY ROAD #418
NEWBERRY, FL 32669-2765**Current Mailing Address:**14260 W NEWBERRY ROAD #418
NEWBERRY, FL 32669-2765 US**FEI Number: 59-3520006****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VOTTA, MICHAEL
14260 W NEWBERRY ROAD #418
NEWBERRY, FL 32669-2765 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: MICHAEL VOTTA****04/25/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** SECRETARY, TREASURER
Name SANIEA, MAJID MD
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669**Title** DIRECTOR
Name ECKHOUSE, SHAINA DR.
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669**Title** EXECUTIVE DIRECTOR
Name VOTTA, MICHAEL
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669**Title** PRESIDENT
Name PESTA, CARL MD
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669-2765**Title** DIRECTOR
Name CLAPP, BENJAMIN MD
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669-2765**Title** DIRECTOR
Name DAVIS, PAMELA
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669-2765**Title** DIRECTOR
Name THOMPSON, CHARLES MD
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669-2765**Title** DIRECTOR
Name MORTON, JOHN MD
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669-2765**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: MICHAEL VOTTA**EXECUTIVE DIRECTOR****04/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MATAR, SAMER MD
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669-2765

Title DIRECTOR
Name HODGES, CHARLOTTE MD
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669-2765

Title DIRECTOR
Name GHANEM, OMAR MD
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669-2765

Title DIRECTOR
Name KINDELL, TAMMY MD
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669-2765

Title DIRECTOR
Name HILL, JANUARY MD
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669-2765

Title DIRECTOR
Name GALVANI, CARLOS MD
Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669-2765