2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002848

Entity Name: AMERICAN SOCIETY FOR METABOLIC & BARIATRIC

SURGERY FOUNDATION, INC.

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

Officer/Director Detail:

Title SECRETARY, TREASURER Title DIRECTOR

Name SANIEA, MAJID MD Name ECKHOUSE, SHAINA DR.

Address 14260 W NEWBERRY ROAD #418 Address 14260 W NEWBERRY ROAD #418

City-State-Zip: NEWBERRY FL 32669 City-State-Zip: NEWBERRY FL 32669

Title EXECUTIVE DIRECTOR Title PRESIDENT

Name VOTTA, MICHAEL Name PESTA, CARL MD

Address 14260 W NEWBERRY ROAD #418 Address 14260 W NEWBERRY ROAD #418

City-State-Zip: NEWBERRY FL 32669 City-State-Zip: NEWBERRY FL 32669-2765

Title DIRECTOR Title DIRECTOR

Name CLAPP, BENJAMIN MD Name DAVIS, PAMELA

Address 14260 W NEWBERRY ROAD #418 Address 14260 W NEWBERRY ROAD #418

City-State-Zip: NEWBERRY FL 32669-2765 City-State-Zip: NEWBERRY FL 32669-2765

Title DIRECTOR Title DIRECTOR

Name THOMPSON, CHARLES MD Name MORTON, JOHN MD

Address 14260 W NEWBERRY ROAD #418 Address 14260 W NEWBERRY ROAD #418

City-State-Zip: NEWBERRY FL 32669-2765 City-State-Zip: NEWBERRY FL 32669-2765

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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: MICHAEL VOTTA EXECUTIVE DIRECTOR 04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 25, 2024

Secretary of State

6197078637CC

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name MATAR, SAMER MD Name KINDELL, TAMMY MD

Address 14260 W NEWBERRY ROAD #418 Address 14260 W NEWBERRY ROAD #418
City-State-Zip: NEWBERRY FL 32669-2765 City-State-Zip: NEWBERRY FL 32669-2765

Title DIRECTOR Title DIRECTOR

Name HODGES, CHARLOTTE MD Name HILL, JANUARY MD

Address 14260 W NEWBERRY ROAD #418 Address 14260 W NEWBERRY ROAD #418

City-State-Zip: NEWBERRY FL 32669-2765 City-State-Zip: NEWBERRY FL 32669-2765

Title DIRECTOR Title DIRECTOR

Name GHANEM, OMAR MD Name GALVANI, CARLOS MD

Address 14260 W NEWBERRY ROAD #418 Address 14260 W NEWBERRY ROAD #418

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