

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002848

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

FILED
May 01, 2017
Secretary of State
CC7629588553

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

05/01/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title PRESIDENT
Name KURIAN, MARINA 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 HUTTER, MATT 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 BALDO, GINA
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

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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: GEORGEANN MALLORY

DIRECTOR

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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