| 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 | | | 04/27/2023 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | SECRETARY, TREASURER | Title | PAST PRESIDENT | |
| Name | SANIEA, MAJID | Name | ENOCHS, PAUL DR. | |
| Address | 14260 W NEWBERRY ROAD #418 | Address | 14260 W NEWBERRY ROAD #4 | 18 |
| 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 #4 | 18 |

14260 W NEWBERRY ROAD #418 NEWBERRY, FL 32669-2765 US

FEI Number: 59-3520006

Current Mailing Address:

DOCUMENT# N9800002848

SURGERY FOUNDATION, INC.

14260 W NEWBERRY ROAD #418 NEWBERRY, FL 32669-2765

Current Principal Place of Business:

Name and Address of Current Registered Agent:

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: AMERICAN SOCIETY FOR METABOLIC & BARIATRIC

VOTTA, MICHAEL 14260 W NEWBERRY ROAD #418 NEWBERRY, FL 32669-2765 US

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

City-State-Zip: NEWBERRY FL 32669

EXEC DIRECTOR

City-State-Zip: NEWBERRY FL 32669-2765

04/27/2023

Electronic Signature of Signing Officer/Director Detail

FILED Apr 27, 2023 Secretary of State 9701055983CC

Certificate of Status Desired: No

Date