	: 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				4/30/2014			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	DIRECTOR	Title	PRESIDENT				
Name	PROVOST, DAVID AMD	Name	ROSENTHAL, RAUL DR.				
Address	2501 SCRIPTURE #303	Address	2950 CLEVELAND CLINIC BLVD.				
City-State-Zip:	DENTON TX 76201	City-State-Zip:	WESTON FL 33331				
Title	DIRECTOR	Title	DIRECTOR				
Name	MALLORY, GEORGEANN	Name	BLACKSTONE, ROBIN DR.				
Address	100 SW 75TH STREET, SUITE 201	Address	100 SW 75TH STREET, SUITE 201				
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32607				
Title	DIRECTOR	Title	DIRECTOR				
Name	KIM, KEITH DR.	Name	WOLFE, BRUCE DR.				
Address	100 SW 75TH STREET, SUITE 201	Address	100 SW 75TH STREET, SUITE 201				
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32607				
Title	S/T	Title	DIRECTOR				
Name	KURIAN, MARINA DR.	Name	GAGNER, MICHEL DR.				
Address	100 SW 75TH STREET, SUITE 201	Address	100 SW 75TH STREET, SUITE 201				
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32607				
		Continues on page 2					

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800002848

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

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

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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.

DIRECTOR

04/30/2014 Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 30, 2014 **Secretary of State** CC6656684336

Officer/Director Detail Continued :

City-State-Zip: GAINESVILLE FL 32607

Title	DIRECTOR	Title	DIRECTOR	
Name	SCHAUER, PHILIP DR.	Name	JONES, DAN DR.	
Address	100 SW 75TH STREET, SUITE 201	Address	100 SW 75TH STREET, SUITE 201	
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32607	
Title	DIRECTOR	Title	DIRECTOR	
Name	HUTTER, MATT DR.	Name	PONCE, JAIME DR.	
Address	100 SW 75TH STREET, SUITE 201	Address	100 SW 75TH STREET, SUITE 201	
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32607	
City-State-Zip.	CAINESVILLE I E 32007			
Title	DIRECTOR	Title	DIRECTOR	
Name	POMP, ALFONS DR.	Name	MORTON, JOHN DR.	
Address	100 SW 75TH STREET, SUITE 201	Address	100 SW 75TH STREET, SUITE 201	
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32607	
Title	DIRECTOR	Title	DIRECTOR	
Name	MATTAR, SAMER DR.	Name	ENGLISH, WAYNE DR.	
Address	100 SW 75TH STREET, SUITE 201	Address	100 SW 75TH STREET, SUITE 201	
City-State-Zip:		City-State-Zip:	GAINESVILLE FL 32607	
T 10-		Title	DIRECTOR	
Title		Name	CLEMENTS, RONNIE DR.	
Name	CHAND, BIPAN DR.	Address	100 SW 75TH STREET, SUITE 201	
Address	100 SW 75TH STREET, SUITE 201	City-State-Zip:	GAINESVILLE FL 32607	
City-State-Zip:	GAINESVILLE FL 32607			
Title	DIRECTOR	Title	DIRECTOR	
Name	BRETHAUER, STACEY MD	Name	DOUGHERTY, ROBERT	
Address	100 SW 75TH STREET, SUITE 201	Address	100 SW 75TH STREET, SUITE 201	
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32607	
Title	DIRECTOR			
Name	BOYER, LAURA RN			
Address	100 SW 75TH STREET, SUITE 201			