#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002848

Entity Name: AMERICAN SOCIETY FOR METABOLIC & BARIATRIC SURGERY

FOUNDATION, INC.

FILED Apr 23, 2015 Secretary of State CC2330799182

#### **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 04/23/2015

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

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

REGISTERED AGENT

04/23/2015

### Officer/Director Detail Continued:

Title DIRECTOR

Name SCHAUER, PHILIP 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 POMP, ALFONS 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 CHAND, BIPAN DR.

Address 100 SW 75TH STREET, SUITE 201

City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR

Name BRETHAUER, STACEY MD

Address 100 SW 75TH STREET, SUITE 201

City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR

Name BOYER, LAURA RN

Address 100 SW 75TH STREET, SUITE 201

City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR

Name JONES, DAN DR.

Address 100 SW 75TH STREET, SUITE 201

City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR

Name PONCE, JAIME DR.

Address 100 SW 75TH STREET, SUITE 201

City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR

Name MORTON, JOHN DR.

Address 100 SW 75TH STREET, SUITE 201

City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR

Name ENGLISH, WAYNE DR.

Address 100 SW 75TH STREET, SUITE 201

City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR

Name CLEMENTS, RONNIE DR.

Address 100 SW 75TH STREET, SUITE 201

City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR

Name DOUGHERTY, ROBERT

Address 100 SW 75TH STREET, SUITE 201

City-State-Zip: GAINESVILLE FL 32607