

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 06, 2007 8:00 am**  
**Secretary of State**

08-06-2007 90033 037 \*\*\*\*61.25



**DOCUMENT # N06000000305**

1. Entity Name  
**THE INTERNATIONAL SOCIETY FOR PERIOPERATIVE CARE OF THE OBESE PATIENT, INC.**

Principal Place of Business Mailing Address  
 % A JOSEPH LAYON, MD, FACP % A JOSEPH LAYON, MD, FACP  
 1600 SW ARCHER ROAD, ROOM 2536, PSB 1600 SW ARCHER ROAD, ROOM 2536, PSB  
 GAINESVILLE, FL 32610-0254 GAINESVILLE, FL 32610-0254



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		07142007	Chg-NP	CR2E037 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		
City & State		City & State		42-1692451		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HOLDEN, CHARLES I JR. 2772-S NW 43RD STREET GAINESVILLE, FL 32606				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVAREZ, ADRIAN M.D.			NAME			
STREET ADDRESS	DEPT OF ANESTHESIA HOSPITAL DE CLINICAS			STREET ADDRESS			
CITY-ST-ZIP	BUENOS AIRES ARGENTINA,			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRODSKY, JAY M.D.			NAME			
STREET ADDRESS	300 PASTEUR DR, STANFORD UNIV. MED CENTER			STREET ADDRESS			
CITY-ST-ZIP	STANFORD, CA 94305			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SESSLER, DANIEL I M.D.			NAME			
STREET ADDRESS	9500 EUCLID AVE			STREET ADDRESS			
CITY-ST-ZIP	CLEVELAND, OH 44195			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUSCO, LOUIS JR., MD			NAME			
STREET ADDRESS	1111 AMSTERDAM AVE, TRAVERS 7			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10025			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, ALLAN P M.D.			NAME			
STREET ADDRESS	BOX 1010, ONE GUSTAVE L LEVEY PLACE			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 100296574			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAYON, A JOSEPH MD,FACP			NAME			
STREET ADDRESS	1600 SW ARCHER RD, ROOM 2536-PSB			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 326100254			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Joseph Layon MD A. J. Layon 7/14/07 352.265.0486  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #