


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N06000000305</b>					
<b>1. Entity Name</b> THE INTERNATIONAL SOCIETY FOR PERIOPERATIVE CARE OF THE OBESE PATIENT, INC.					
<b>Principal Place of Business</b> % A JOSEPH LAYON, MD, FACP 1600 SW ARCHER ROAD, ROOM 2536, PSB GAINESVILLE, FL 32610-0254			<b>Mailing Address</b> % A JOSEPH LAYON, MD, FACP 1600 SW ARCHER ROAD, ROOM 2536, PSB GAINESVILLE, FL 32610-0254		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  HOLDEN, CHARLES I JR. 2772-S NW 43RD STREET GAINESVILLE, FL 32606			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALVAREZ, ADRIAN M.D. DEPT OF ANESTHESIA HOSPITAL DE CLINICAS BUENOS AIRES ARGENTINA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRODSKY, JAY M.D. 300 PASTEUR DR, STANFORD UNIV. MED CENTER STANFORD, CA 94305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SESSLER, DANIEL I M.D. 9500 EUCLID AVE CLEVELAND, OH 44195		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRUSCO, LOUIS JR., MD 1111 AMSTERDAM AVE, TRAVERS 7 NEW YORK, NY 10025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete REED, ALLAN P M.D. BOX 1010, ONE GUSTAVE L LEVEY PLACE NEW YORK, NY 100296574		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LAYON, A JOSEPH MD,FACP 1600 SW ARCHER RD, ROOM 2536-PSB GAINESVILLE, FL 326100254		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>A. Joseph Layon MD</i>			<i>A. J. Layon</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>7/14/07</i> Daytime Phone #: <i>352.265.0486</i>		