

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000305

FILED
Apr 07, 2009
Secretary of State

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

Current Principal Place of Business:

% A JOSEPH LAYON, MD, FACP
1600 SW ARCHER ROAD, ROOM 2536, PSB
GAINESVILLE, FL 326100254

New Principal Place of Business:

Current Mailing Address:

% A JOSEPH LAYON, MD, FACP
1600 SW ARCHER ROAD, ROOM 2536, PSB
GAINESVILLE, FL 326100254

New Mailing Address:

FEI Number: 42-1692451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLDEN, CHARLES I JR.
2772-S NW 43RD STREET
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALVAREZ, ADRIAN M.D.
Address: DEPT OF ANESTHESIA HOSPITAL DE CLINICAS
City-St-Zip: BUENOS AIRES ARGENTINA, XX

Title: D () Delete
Name: BRODSKY, JAY M.D.
Address: 300 PASTEUR DR, STANFORD UNIV. MED CENTER
City-St-Zip: STANFORD, CA 94305

Title: D () Delete
Name: SESSLER, DANIEL I M.D.
Address: 9500 EUCLID AVE
City-St-Zip: CLEVELAND, OH 44195

Title: D () Delete
Name: BRUSCO, LOUIS JR., MD
Address: 1111 AMSTERDAM AVE, TRAVERS 7
City-St-Zip: NEW YORK, NY 10025

Title: D () Delete
Name: REED, ALLAN P M.D.
Address: BOX 1010, ONE GUSTAVE L LEVEY PLACE
City-St-Zip: NEW YORK, NY 100296574

Title: D () Delete
Name: LAYON, A JOSEPH MD,FACP
Address: 1600 SW ARCHER RD, ROOM 2536-PSB
City-St-Zip: GAINESVILLE, FL 326100254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: A. JOSEPH LAYON

DR.

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date