

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000305

FILED
Sep 02, 2010
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:

% JAY BRODSKY, MD
300 PASTEUR DR, STANFORD UNIV. MED CENTER
STANFORD, CA 94305

Current Mailing Address:

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

New Mailing Address:

% JAY BRODSKY, MD
300 PASTEUR DR, STANFORD UNIV. MED CENTER
STANFORD, CA 94305

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

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

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

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

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

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: AJ LAYON

SECR

09/02/2010

Electronic Signature of Signing Officer or Director

Date