

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011366

FILED
Jun 23, 2011
Secretary of State

Entity Name: THE AMERICAS HEPATO-PANCREATO-BILIARY FOUNDATION, INC.

Current Principal Place of Business:

341 N. MAITLAND AVE., SUITE 130
MAITLAND, FL 33751

New Principal Place of Business:

Current Mailing Address:

341 N. MAITLAND AVE., SUITE 130
MAITLAND, FL 33751

New Mailing Address:

FEI Number: 27-4355142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'DELL, KIM
CROW SEGAL MANAGEMENT COMPANY, INC.
341 N. MAITLAND AVE. SUITE 130
MAITLAND, FL 32751 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: HELTON, W. SCOTT MD
Address: 32 HILLTOP DRIVE
City-St-Zip: MADISON, CT 06443

Title: D
Name: JARNAGIN, WILLIAM R
Address: 1275 YORK AVENUE, C887
City-St-Zip: NEW YORK, NY 10021

Title: D
Name: SCHIRMER, BRUCE D MD
Address: P.O. BOX 800709
City-St-Zip: CHARLOTTESVILLE, VA 229080709

Title: D
Name: ESPAT, N. JOSEPH
Address: 825 CHALKSTONE AVENUE
City-St-Zip: PROVIDENCE, RI 029084735

Title: D
Name: SANTIBANES, EDUARDO D MD, PHD
Address: 1181 CAPITAL FEDERAL
City-St-Zip: BUENOS AIRES, ARGENTINA,

Title: D
Name: SCHWARZ, RODERICH E MD
Address: 5323 HARRY HINES BLVD
City-St-Zip: PORTLAND, OR 97239

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: KIM O'DELL

RA

06/23/2011

Electronic Signature of Signing Officer or Director

Date