

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002848

FILED
Apr 24, 2012
Secretary of State

Entity Name: AMERICAN SOCIETY FOR METABOLIC & BARIATRIC SURGERY FOUNDATION, INC.

Current Principal Place of Business:

100 SW 75TH STREET, SUITE 201
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

100 SW 75TH STREET, SUITE 201
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3520006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NADGLOWSKI, JOSEPH
100 SW 75TH STREET, SUITE 201
GAINESVILLE, FL 32607 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: P
Name: PROVOST, DAVID A MD
Address: 2501 SCRIPTURE #303
City-St-Zip: DENTON, TX 76201

Title: ST
Name: RAUL, ROSENTHAL D MD
Address: 2950 CLEVELAND CLINIC BLVD.
City-St-Zip: WESTON, FL 3331

Title: D
Name: MALLORY, GEORGEANN
Address: 100 SW 75TH STREET, SUITE 201
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: SHIKORA, SCOTT MD
Address: 800 WASHINGTON ST BOX 900
City-St-Zip: BOSTON, MA 02111

Title: D
Name: WITTGROVE, ALAN MD
Address: 9834 GENESEE AVE #328
City-St-Zip: LA JOLLA, CA 92037

Title: D
Name: BROLIN, ROBERT MD
Address: 666 PLAINSBORO ROAD BLDG 600 #640
City-St-Zip: PLAINSBORO, NJ 08536

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: JOE NADGLOWSKI

ED

04/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date