

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N98000002848

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

**Current Principal Place of Business:**

14407 SW 2ND PLACE, BUILDING F  
NEWBERRY, FL 32669

**Current Mailing Address:**

14260 W NEWBERRY ROAD #418  
NEWBERRY, FL 32669-2765 US

**FEI Number: 59-3520006**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KAUFMAN, KRISTIE  
14260 W NEWBERRY ROAD #418  
NEWBERRY, FL 32669-2765 US

*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: KRISTIE KAUFMAN**

**07/30/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SANIEA, MAJID MD  
Address        14260 W NEWBERRY ROAD #418  
City-State-Zip: NEWBERRY FL 32669

Title            DIRECTOR  
Name            ECKHOUSE, SHAINA DR.  
Address        14260 W NEWBERRY ROAD #418  
City-State-Zip: NEWBERRY FL 32669

Title            EXECUTIVE DIRECTOR  
Name            KAUFMAN, KRISTIE  
Address        14260 W NEWBERRY ROAD #418  
City-State-Zip: NEWBERRY FL 32669

Title            PAST PRESIDENT  
Name            PESTA, CARL MD  
Address        14260 W NEWBERRY ROAD #418  
City-State-Zip: NEWBERRY FL 32669-2765

Title            DIRECTOR  
Name            CLAPP, BENJAMIN MD  
Address        14260 W NEWBERRY ROAD #418  
City-State-Zip: NEWBERRY FL 32669-2765

Title            DIRECTOR  
Name            THOMPSON, CHARLES MD  
Address        14260 W NEWBERRY ROAD #418  
City-State-Zip: NEWBERRY FL 32669-2765

Title            DIRECTOR  
Name            MORTON, JOHN MD  
Address        14260 W NEWBERRY ROAD #418  
City-State-Zip: NEWBERRY FL 32669-2765

Title            DIRECTOR  
Name            MATAR, SAMER MD  
Address        14260 W NEWBERRY ROAD #418  
City-State-Zip: NEWBERRY FL 32669-2765

**Continues on page 2**

*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: KRISTIE KAUFMAN**

**EXECUTIVE DIRECTOR**

**07/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KINDELL, TAMMY MD  
Address 14260 W NEWBERRY ROAD #418  
City-State-Zip: NEWBERRY FL 32669-2765

Title DIRECTOR  
Name HILL, JANUARY MD  
Address 14260 W NEWBERRY ROAD #418  
City-State-Zip: NEWBERRY FL 32669-2765

Title SECRETARY, TREASURER  
Name GALVANI, CARLOS MD  
Address 14260 W NEWBERRY ROAD #418  
City-State-Zip: NEWBERRY FL 32669-2765