2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State
02-24-2004 90008 032 ****70.00

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1. Entity Name
AMERICAN PEDIATRIC SURGICAL ASSOCIATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
4600 TOUCHTON ROAD BLDG 200, ROOM 559 JACKSONVILLE, FL 32246	4600 TOUCHTON ROAD BLDG 200, ROOM 559 JACKSONVILLE, FL 32246

02202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3243373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOSEWORTHY, JOHN M.D.
4600 TOUCHTON ROAD
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GROSFELD, JAY L 702 BARNHILL DR, STE 2500 INDIANAPOLIS, IN 46202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D R. PETER ALTMAN, M.D. 3959 BROADWAY, RM. 1165 NEW YORK, N.Y. 10032	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARENSMAN, ROBERT M M.D. 2300 CHILDREN'S PLAZA, STE 115 CHICAGO, IL 60614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONNA A. CANIANO, M.D. 700 CHILDRENS DRIVE COLUMBUS, OH 43205	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KLEIN, MICHAEL D M.D. 3901 BEAUBIEN BLVD DETROIT, MI 48201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATRICIA K. DONAHOE, M.D. 55 FRUIT STREET BOSTON, MA 02114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, KATHRYN D M.D. 4650 SUNSET BLVD LOS ANGELES, CA 90027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORAN, ARNOLD G M.D. 1500 EAST MEDICAL CENTER DRIVE ANN ARBOR, MI 481090245	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTHERSEN, JR., H B M.D. 171 ASHLEY AVE, 300 MUSC STE 205 CHARLESTON, SC 294252270	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOHN NOSEWORTHY 02/20/2004 (904) 232-4104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #