

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001272

FILED
Jan 20, 2005
Secretary of State

Entity Name: AMERICAN PEDIATRIC SURGICAL ASSOCIATION FOUNDATION, INC.

Current Principal Place of Business:

4600 TOUCHTON ROAD
BLDG 200, ROOM 559
JACKSONVILLE, FL 32246

New Principal Place of Business:

4600 TOUCHTON ROAD
BLDG 200, SUITE 500
JACKSONVILLE, FL 32246

Current Mailing Address:

4600 TOUCHTON ROAD
BLDG 200, ROOM 559
JACKSONVILLE, FL 32246

New Mailing Address:

C/O J. NOSEWORTHY, M.D., 4600 TOUCHTON RD.
BLDG 200, SUITE 500
JACKSONVILLE, FL 32246

FEI Number: 59-3243373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOSEWORTHY, JOHN M.D.
4600 TOUCHTON ROAD
JACKSONVILLE, FL 32246 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: CD () Delete
Name: GROSFELD, JAY L
Address: 702 BARNHILL DR, STE 2500
City-St-Zip: INDIANAPOLIS, IN 46202

Title: D () Delete
Name: ALTMAN, R. PETER M.D.
Address: 3959 BRAODWAY, RM. 1165
City-St-Zip: NEW YORK, NY 10032

Title: TD () Delete
Name: KLEIN, MICHAEL D M.D.
Address: 3901 BEAUBIEN BLVD
City-St-Zip: DETROIT, MI 48201

Title: D () Delete
Name: ANDERSON, KATHRYN D M.D.
Address: 4650 SUNSET BLVD
City-St-Zip: LOS ANGELES, CA 90027

Title: D () Delete
Name: CORAN, ARNOLD G M.D.
Address: 1500 EAST MEDICAL CENTER DRIVE
City-St-Zip: ANN ARBOR, MI 481090245

Title: D () Delete
Name: CANIANO, DONNA A MD
Address: 700 CHILDRENS DR.
City-St-Zip: COLUMBUS, OH 43205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAY L GROSFELD, M.D.

CD

01/20/2005

Electronic Signature of Signing Officer or Director

Date