

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001272

FILED
Jan 18, 2008
Secretary of State

Entity Name: AMERICAN PEDIATRIC SURGICAL ASSOCIATION FOUNDATION, INC.

Current Principal Place of Business:

4600 TOUCHTON ROAD
BLDG 200, SUITE 2500
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

C/O J. NOSEWORTHY, M.D.
4600 TOUCHTON RD, BLDG 200, SUITE 2500
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3243373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOSEWORTHY, JOHN M.D.
4600 TOUCHTON ROAD
BUILDING 200, SUITE 2500
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: FOLKMAN, M JUDAH MD
Address: 300 LONGWOOD AVE
City-St-Zip: BOSTON, MA 02115

Title: D () Delete
Name: DONAHOE, PATRICIA K M.D.
Address: 55 FRUIT STREET
City-St-Zip: BOSTON, MA 02114

Title: D () Delete
Name: TOULOUKIAN, ROBERT J M.D.
Address: 333 CEDAR STREET, POB208062
City-St-Zip: NEW HAVEN, CT 06520

Title: D () Delete
Name: RODGERS, BRADLEY M M.D.
Address: BOX 800709
City-St-Zip: CHARLOTTESVILLE, VA 22906

Title: DS () Delete
Name: HIRSCITL, RONALD B MD
Address: 1500 E MED CENTER DR
City-St-Zip: ANN ARBOR, MI 48102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ZIEGLER, MORITZ M. MD
Address: 1056 E. 19TH AVE., B323
City-St-Zip: DENVER, CO 80218

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 exemption stated in Chapter 119, 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: JOHN NOSEWORTHY

AGEN

01/18/2008

Electronic Signature of Signing Officer or Director

Date