

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001272

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** AMERICAN PEDIATRIC SURGICAL ASSOCIATION FOUNDATION, INC.

**Current Principal Place of Business:**

400 EAST BAY STREET  
SUITE 1905  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

J. NOSEWORTHY MD FACS FAAP  
400 EAST BAY STREET, SUITE 1905  
JACKSONVILLE, FL 32202 US

**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.  
400 EAST BAY STREET  
SUITE 1905  
JACKSONVILLE, FL 32202 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: DR.  
Name: GROSFELD, JAY L  
Address: 702 BARNHILL DR, STE 2500  
City-St-Zip: INDIANAPOLIS, IN 46202 US

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

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

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

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

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

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: JOHN NOSEWORTHY

DR.

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date