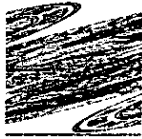


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG -1 AM 8:00

DOCUMENT # N93000001272

**1. Corporation Name**

AMERICAN PEDIATRIC SURGICAL ASSOCIATION  
FOUNDATION, INC.

**REINSTATEMENT** 94-03

400021985684  
08/01/03--01023--004 \*\*796.25 MRS

**2. Principal Office Address**

4600 Touchton Road

**3. Mailing Office Address**

4600 Touchton Road

Suite, Apt., etc.

Bldg. 200, Room 559

Suite, Apt., etc.

Bldg. 200, Room 559

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32246

Country

USA

Zip

32246

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

March 19, 1993

**5. FEI Number**

59-3243373

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

John Noseworthy, M.D.

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

4600 Touchton Road

Suite, Apt., Etc.

Bldg. 200, Room 559

City

Jacksonville

State

FL

Zip Code

32246

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*John Noseworthy, M.D.*

REGISTERED AGENT MUST SIGN

Date 07/22/2003

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/D	Jay L. Grosfeld, M.D.	702 Barnhill Dr., Ste. 2500	Indianapolis, IN 46202
S/D	Robert M. Arensman, M.D.	2300 Children's Plaza, Ste. 115	Chicago, IL 60614
T/D	Michael D. Klein, M.D.	3901 Beaubien Blvd.	Detroit, Mich. 48201
D	Kathryn D. Anderson, M.D.	4650 Sunset Blvd.	Los Angeles, Calif. 90027
D	Arnold G. Coran, M.D.	1500 East Medical Center Drive	Ann Arbor, Mich. 48109-0245
D	H. Biemann Othersen, Jr., M.D.	171 Ashley Ave., 300 MUSC Ste. 205	Charleston, SC 29425-2270

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Noseworthy, M.D.* (JOHN NOSEWORTHY, M.D.)

Date

07/22/2003 (904) 232-4104

Daytime Phone #

CR2E081 (10/02)