

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90384 017 ****71.00

DOCUMENT # N47202

1. Entity Name
**AMERICAN ASSOCIATION OF PEDIATRIC PLASTIC
SURGEONS, INC.**



Principal Place of Business

**801 W. DR. MARTIN LUTHER KING, JR. BLVD.
TAMPA, FL 33603-3301**

Mailing Address

**801 W. DR. MARTIN LUTHER KING, JR. BLVD.
TAMPA, FL 33603-3301**

DO NOT WRITE IN THIS SPACE



02212006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-3132787

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HABAL, MUTAZ B.
801 WEST DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33603-3301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
HABAL, MUTAZ B
801 W. DR. MARTIN LUTHER KING JR., BLVD.
TAMPA, FL 336033301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SALYER, KENNETH E
801 W. DR. MARTIN LUTHER KING JR., BLVD.
TAMPA, FL 336033301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
PARSONS, ROBERT
801 W. DR. MARTIN LUTHER KING JR., BLVD.
TAMPA, FL 336033301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SADOVE, A. MICHAEL
801 W. DR. MARTIN LUTHER KING JR., BLVD.
TAMPA, FL 336033301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #