2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2012
Secretary of State

DOCUMENT# N47202

Entity Name: AMERICAN ASSOCIATION OF PEDIATRIC PLASTIC SURGEONS, INC.

Current Principal Place of Business:

205 W DR ML KING BLVD, SUITE 103
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

205 W DR ML KING BLVD, SUITE 103
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-3132787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HABAL, MUTAZ B.
205 W. DR. ML FING BLVD, SUITE 103
TAMPA, FL 33603 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: T
Name: HABAL, MUTAZ B
Address: 205 W. DR. ML KING JR., BLVD., #103
City-St-Zip: TAMPA, FL 33603

Title: T
Name: SALYER, KENNETH E
Address: 205 W. DR. ML KING JR., BLVD., #103
City-St-Zip: TAMPA, FL 336031

Title: T
Name: PARSONS, ROBERT
Address: 205 W. DR. ML KING JR., BLVD., #103
City-St-Zip: TAMPA, FL 33603

Title: T
Name: SADOVE, A. MICHAEL
Address: 205 W. DR. ML KING JR., BLVD., #103
City-St-Zip: TAMPA, FL 33603

Title: PV
Name: THALLER, SETH
Address: 801 WEST M.L KING BLVD, #103
City-St-Zip: TAMPA, FL 33603

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: MUTAZ B. HABAL D 01/11/2012

Electronic Signature of Signing Officer or Director — Date