## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47202

**Entity Name: AMERICAN ASSOCIATION OF PEDIATRIC PLASTIC** 

SURGEONS, INC.

**Current Principal Place of Business:** 

**500 CUMMINGS CENTER** 

**SUITE 4400** 

BEVERLY, MA 01915

**Current Mailing Address:** 

500 CUMMINGS CENTER **SUITE 4400** 

BEVERLY, MA 01915 US

FEI Number: 59-3132787 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRESIDENT-ELECT

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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:

Title

Address

Address

Date Electronic Signature of Registered Agent

Officer/Director Detail:

**DIRECTOR** Title Title PAST-PRESIDENT

Name GREENE, ARIN K MD Name KING, TIMOTHY W. PHD

Address CHILDRENS HOSPITAL BOSTON Address UNIVERSITY OF ALABAMA

300 LONGWOOD AVE EN 117 **BIRMINGHAM** 

510 20TH STREET SOUTH FOT 1160 City-State-Zip: BOSTON MA 02115

BIRMINGHAM AL 35294 City-State-Zip:

Title **PRESIDENT** Name KUMAR, ANAND R, MD

RHODES, JENNIFER L. MD Name

Address CASE WESTERN RESERVE

UNIVERSITY VCU SCHOOL OF MEDICINE Address

DEPARTMENT OF PLASTIC & 1200 EAST BROAD STREET **RECONSTRUCTIVE SURGERY 11100** 

City-State-Zip: RICHMOND VA 23298 **EUCLID AVE, LKSD SUITE 5206** 

City-State-Zip: CLEVELAND OH 44106 Title SECRETARY

GRUNWALDT, LORELEI DR. Name VΡ Title

Address CHILDREN'S HOSPITAL OF Name ARNEJA, JUGPAL S. DR.

PITTSBURGH OF UPMC BRITISH COLUMBIA CHILDREN'S 4401 PENN AVE., FP#7105

HOSPITAL

PITTSBURGH PA 15224 City-State-Zip: PLASTIC SURGERY-K3-131 ACB

City-State-Zip: VANCOUVER OC Title **TREASURER** 

Name GIROTTO, JOHN A MD Title DIRECTOR

35 MICHIGAN STREET, NE Address BRUCKMAN, KARL C DR. Name

**SUITE 5201 NEW YORK UNIVERSITY** 

GRAND RAPIDS MI 49503 City-State-Zip: 560 1ST AVENUE

NEW YORK NY 10016 City-State-Zip:

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.

04/28/2020 **TREASURER** SIGNATURE: JOHN A GIROTTO

**FILED** Apr 28, 2020 Secretary of State 0383217991CC