

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47202

Entity Name: AMERICAN ASSOCIATION OF PEDIATRIC PLASTIC SURGEONS, INC.**FILED**
Apr 29, 2016
Secretary of State
CC7665766973**Current Principal Place of Business:**500 CUMMINGS CENTER
SUITE 4550
BEVERLY, MA 01915**Current Mailing Address:**500 CUMMINGS CENTER
SUITE 4550
BEVERLY, MA 01915**FEI Number: 59-3132787****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name MOUNT, DELORA L. MD
Address UNIVERSITY OF WISCONSIN-
MADISON
600 HIGHLAND AVE STE. G5/357
City-State-Zip: MADISON WI 53792

Title PRESIDENT
Name URATA, MARK M MD
Address KECK SCHOOL OF MEDICINE OF USC
4650 SUNSET BLVD MS #96
City-State-Zip: LOS ANGELES CA 90027

Title SECRETARY
Name KING, TIMOTHY W. PHD
Address UNIVERSITY OF ALABAMA
BIRMINGHAM
510 20TH STREET SOUTH FOT 1160
City-State-Zip: BIRMINGHAM AL 35294

Title TREASURER
Name RHODES, JENNIFER L. MD
Address VCU SCHOOL OF MEDICINE
1200 EAST BROAD STREET
City-State-Zip: RICHMOND VA 23298

Title DIRECTOR
Name BAKER, STEPHEN B MD
Address 7601 LEWINSVILLE ROAD
SUITE 450
City-State-Zip: MCLEAN VA 22102

Title VP
Name GREENE, ARIN K MD
Address CHILDRENS HOSPITAL BOSTON
300 LONGWOOD AVE EN 117
City-State-Zip: BOSTON MA 02115

Title DIRECTOR
Name KUMAR, ANAND R. MD
Address JOHNS HOPKINS CHILDRENS
CENTER
1800 ORLEANS ST BLOOMBERG
7314A
City-State-Zip: BALTIMORE MD 21287

Title DIRECTOR
Name HOPPE, IAN C. MD
Address RUTGERS-NEW JERSEY MEDICAL
SCHOOL
140 BERGEN ST STE E1620
City-State-Zip: NEWARK NJ 07103

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: MARK M. URATA, MD**PRESIDENT****04/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date