

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47202

**Entity Name:** AMERICAN ASSOCIATION OF PEDIATRIC PLASTIC SURGEONS, INC.**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC0060817155****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	MACKAY, DONALD R
Address	500 CUMMINGS CENTER SUITE 4550
City-State-Zip:	BEVERLY MA 01915

Title	PRESIDENT
Name	TAUB, PETER J
Address	500 CUMMINGS CENTER SUITE 4550
City-State-Zip:	BEVERLY MA 01915

Title	DIRECTOR
Name	MOUNT, DELORA L.
Address	500 CUMMINGS CENTER SUITE 4550
City-State-Zip:	BEVERLY MA 01915

Title	SECRETARY
Name	BAKER, STEPHEN B
Address	500 CUMMINGS CENTER SUITE 4550
City-State-Zip:	BEVERLY MA 01915

Title	VP
Name	URATA, MARK M
Address	500 CUMMINGS CENTER SUITE 4550
City-State-Zip:	BEVERLY MA 01915

Title	TREASURER
Name	GREENE, ARIN K
Address	500 CUMMINGS CENTER SUITE 4550
City-State-Zip:	BEVERLY MA 01915

Title	DIRECTOR
Name	KING, TIMOTHY W. PHD
Address	500 CUMMINGS CENTER SUITE 4550
City-State-Zip:	BEVERLY MA 01915

Title	DIRECTOR
Name	STEINBERG, JORDAN P. PHD
Address	500 CUMMINGS CENTER SUITE 4550
City-State-Zip:	BEVERLY MA 01915

*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: PETER J. TAUB, MD****PRESIDENT****04/30/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date