

2024 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:

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

Title SECRETARY
Name GIROTTO, JOHN A MD
Address 35 MICHIGAN STREET, NE
 SUITE 5201
City-State-Zip: GRAND RAPIDS MI 49503

Title TREASURER
Name GRUNWALDT, LORELAI DR.
Address CHILDREN'S HOSPITAL OF
 PITTSBURGH OF UPMC
 4401 PENN AVE., FP #7105
City-State-Zip: PITTSBURGH PA 15224

Title DIRECTOR
Name O'GRADY, LORRAINE
Address 500 CUMMINGS CENTER
 SUITE 4400
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: LORRAINE O'GRADY

DIRECTOR

03/08/2024

Electronic Signature of Signing Officer/Director Detail

Date