

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001272

**Entity Name:** AMERICAN PEDIATRIC SURGICAL ASSOCIATION  
FOUNDATION, INC.**FILED**  
**Feb 17, 2021**  
**Secretary of State**  
**8491525965CC****Current Principal Place of Business:**1061 E MAIN ST  
SUITE 300  
EAST DUNDEE, IL 60118**Current Mailing Address:**1061 E MAIN ST  
SUITE 300  
EAST DUNDEE, IL 60118 US**FEI Number: 59-3243373****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROBIE, DANIEL K DR.  
DIVISION OF PEDIATRIC SURGERY  
807 CHILDREN'S WAY  
JACKSONVILLE, FL 32207 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: DANIEL K. ROBIE****02/17/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** DIRECTOR  
**Name** STYLIANOS, STEVEN DR.  
**Address** 17W110 22ND ST  
SUITE 800  
**City-State-Zip:** OAKBROOK TERRACE IL 60181**Title** SECRETARY  
**Name** LANGHAM, MAX R DR.  
**Address** 17W110 22ND ST  
SUITE 800  
**City-State-Zip:** OAKBROOK TERRACE IL 60181**Title** CHAIRMAN  
**Name** FALLAT, MARY E DR.  
**Address** 17W110 22ND ST.  
SUITE 800  
**City-State-Zip:** OAKBROOK TERRACE IL 60181**Title** DIRECTOR  
**Name** HIRSCHL, RONALD B DR.  
**Address** 17W119 22ND ST  
SUITE 800  
**City-State-Zip:** OAKBROOK TERRACE IL 60181**Title** DIRECTOR  
**Name** STOLAR, CHARLES J DR.  
**Address** 17W110 22ND ST  
SUITE 800  
**City-State-Zip:** OAKBROOK TERRACE IL 60181**Title** EX-OFFICIO  
**Name** VACANTI, JOSEPH P DR.  
**Address** 17W110 22ND ST.  
SUITE 800  
**City-State-Zip:** OAKBROOK TERRACE IL 60181**Title** DIRECTOR  
**Name** FORD, HENRI R DR.  
**Address** 17W110 22ND ST.  
SUITE 800  
**City-State-Zip:** OAKBROOK TERRACE IL 60181**Title** TREASURER  
**Name** ARCA, MARJORIE MD  
**Address** 601 ELMWOOD AVE  
**City-State-Zip:** ROCHESTER NY 14642**Continues on page 2**

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: SUE O'SULLIVAN****EXECUTIVE DIRECTOR****02/17/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HAYES-JORDAN, ANDREA  
Address 170 MANNING DR  
BOX 7223  
City-State-Zip: CHAPEL HILL NC 27599

Title EX-OFFICIO  
Name WALDHAUSEN, JOHN H.T. MD  
Address 4800 SAND POINT WAY NE  
PO BOX 5371  
City-State-Zip: SEATTLE WA 98105

Title DIRECTOR  
Name WARNER, BRAD W MD  
Address ONE CHILDRENS PL  
SUITE 6110  
City-State-Zip: ST. LOUIS MO 63110

Title EXECUTIVE DIRECTOR  
Name O'SULLIVAN, SUE  
Address 1061E MAIN ST  
SUITE 300  
City-State-Zip: EAST DUNDEE IL 60118