

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001272

FILED
Feb 17, 2021
Secretary of State
8491525965CC

Entity Name: AMERICAN PEDIATRIC SURGICAL ASSOCIATION
FOUNDATION, INC.

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 DIRECTOR
Name STOLAR, CHARLES J 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 EX-OFFICIO
Name VACANTI, JOSEPH P 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 FORD, HENRI R 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 TREASURER
Name ARCA, MARJORIE MD
Address 601 ELMWOOD AVE
City-State-Zip: ROCHESTER NY 14642

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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