

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001272

Entity Name: AMERICAN PEDIATRIC SURGICAL ASSOCIATION
FOUNDATION, INC.**FILED**
Feb 18, 2020
Secretary of State
5047990302CC**Current Principal Place of Business:**DIVISION OF PEDIATRIC SURGERY
807 CHILDREN'S WAY
JACKSONVILLE, FL 32207**Current Mailing Address:**DIVISION OF PEDIATRIC SURGERY
807 CHILDREN'S WAY
JACKSONVILLE, FL 32207 US**FEI Number: 59-3243373****Certificate of Status Desired: Yes****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****02/18/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** CHAIRMAN
Name KRUMMEL, THOMAS M 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** EX-OFFICIO
Name VACANTI, JOSEPH P DR.
Address 17W110 22ND ST.
SUITE 800
City-State-Zip: OAKBROOK TERRACE IL 60181**Title** DIRECTOR
Name FARMER, DIANA L DR.
Address 17W110 22ND ST.
SUITE 800
City-State-Zip: OAKBROOK TERRACE IL 60181**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** DIRECTOR
Name FALLAT, MARY E DR.
Address 17W110 22ND ST.
SUITE 800
City-State-Zip: OAKBROOK TERRACE IL 60181**Title** TREASURER
Name CHEN, MIKE K DR.
Address 17W110 22ND ST
SUITE 800
City-State-Zip: OAKBROOK TERRACE IL 60181**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: THOMAS KRUMMEL**CHAIRMAN****02/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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