2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001272

Entity Name: AMERICAN PEDIATRIC SURGICAL ASSOCIATION

FOUNDATION, INC.

Current Principal Place of Business:

1201 HAYS STREET TALLAHASSEE, FL 32301

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:

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 TREASURER Title DIRECTOR

NameSTYLIANOS, STEVEN DR.NameSTOLAR, CHARLES J DR.Address3959 BROADWAY RM 204NAddress5180 CAMINO FLORAL

City-State-Zip: NEW YORK NY 10032 City-State-Zip: SANTA BARBARA CA 93111

Title DIRECTOR Title CHAIRMAN

NameVACANTI, JOSEPH P DR.NameFALLAT, MARY E DR.Address55 FRUIT STREETAddress315 E BROADWAY
SUITE 565

City-State-Zip: BOSTON MA 02114

City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR Title TREASURER

Name HIRSCHL, RONALD B DR.

Name ARCA, MARJORIE MD

Address 1540 E HOSPITAL DR R

1540 E HOSPITAL DR R 4-937 PED SURG 4211 Address 601 ELMWOOD AVE

City-State-Zip: ANN ARBOR MI 48109-4211 City-State-Zip: ROCHESTER NY 14642

Title DIRECTOR Title DIRECTOR

Name HAYES, ANDREA A Name WARNER, BRAD W MD
Address 2041 GEORGIA AVE NE Address ONE CHILDRENS PL

OFFICE 4802 SUITE 6110

City-State-Zip: WASHINGTON DC 20060 City-State-Zip: ST. LOUIS MO 63110

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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 ADMINISTRATIVE 03/28/2022 DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 28, 2022

Secretary of State

9986541878CC

Officer/Director Detail Continued:

DIRECTOR Title EXECUTIVE DIRECTOR Title Name WALDHAUSEN, JOHN H.T. MD Name O'SULLIVAN, SUE

Address 4800 SAND POINT WAY NE Address 1061E MAIN ST SUITE 300

PO BOX 5371

EAST DUNDEE IL 60118 City-State-Zip: SEATTLE WA 98105 City-State-Zip:

DIRECTOR Title **SECRETARY** Title

Name CALKINS, CASEY M Name KUNISAKI, SHAUN M Address 999 N 92ND ST Address 1800 ORLEANS ST

STE C320 STE 7353

MILWAUKEE WI 53226 BALTIMORE MD 21287 City-State-Zip: City-State-Zip:

Title DIRECTOR Title **DIRECTOR**

TSAO, KUOJEN Name BARKSDALE, EDWARD M JR. Name

Address 6431 FANNIN ST Address 1100 EUCLID AVE

SUITE 5256 MAC 1000

City-State-Zip: HOUSTON TX 77030 City-State-Zip: CLEVELAND OH 44106-1716