

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001272

**Entity Name:** AMERICAN PEDIATRIC SURGICAL ASSOCIATION FOUNDATION, INC.

**FILED**  
**Mar 01, 2024**  
**Secretary of State**  
**5478210619CC**

**Current Principal Place of Business:**

7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 US

**FEI Number: 59-3243373**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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  
Name           TSAO, KUOJEN  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title           PRESIDENT  
Name           FALLAT, MARY E DR.  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title           DIRECTOR  
Name           O'SULLIVAN, SUE  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title           SECRETARY  
Name           KUNISAKI, SHAUN M  
Address        7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

*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**

**DIRECTOR**

**03/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date