

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001272

**FILED**  
**Feb 07, 2018**  
**Secretary of State**  
**CC8825182442**

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

**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: 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** **02/07/2018**  
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 KLEIN, MICHEAL D DR.  
Address 17W110 22ND ST  
SUITE 800  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title SECRETARY  
Name WALDHAUSEN, JOHN H.T. DR.  
Address 17W110 22ND ST  
SUITE 800  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title DIRECTOR  
Name LANGHAM, MAX R DR.  
Address 17W110 22ND ST  
SUITE 800  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title DIRECTOR  
Name WESSON, DAVID 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 DIRECTOR  
Name FARMER, DIANA L 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

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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: THOMAS M. KRUMMEL, MD** **CHAIRMAN** **02/07/2018**  
Electronic Signature of Signing Officer/Director Detail Date

**Officer/Director Detail Continued :**

Title EX-OFFICIO  
Name FORD, HENRI R DR.  
Address 17W110 22ND ST.  
SUITE 800  
City-State-Zip: OAKBROOK TERRACE IL 60181