

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

DOCUMENT# N93000001272

**Entity Name:** AMERICAN PEDIATRIC SURGICAL ASSOCIATION  
FOUNDATION, INC.**FILED**  
**Feb 07, 2018**  
**Secretary of State**  
**CC8825182442****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** SECRETARY  
**Name** WALDHAUSEN, JOHN H.T. 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** FARMER, DIANA L 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** DIRECTOR  
**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 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