

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001272

**Entity Name:** AMERICAN PEDIATRIC SURGICAL ASSOCIATION  
FOUNDATION, INC.**FILED**  
**Mar 12, 2015**  
**Secretary of State**  
**CC9120022520****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****03/12/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title DR  
Name GROSFELD, JAY DR.  
Address 702 BARNHILL DR.  
SUITE 2500  
City-State-Zip: INDIANAPOLIS IN 46202Title DR  
Name BRANDT, MARY DR.  
Address 6701 FANNIN  
SUITE 1210  
City-State-Zip: HOUSTON TX 77030Title DR  
Name OLDHAM, KEITH DR.  
Address MEDICAL COLLEGE OF WISCONSIN  
999 N 92ND ST SUITE 320  
City-State-Zip: MILWAUKEE WI 53226Title DR  
Name VON ALLMEN, DAVID DR.  
Address DIV PED SURG ML 2023  
3333 BURNET AVE  
City-State-Zip: CINCINNATI OH 45229Title DR  
Name BESNER, GAIL DR.  
Address NATIONWIDE CHILDREN'S HOSPITAL  
700 CHILDREN'S WAY  
City-State-Zip: COLUMBUS OH 43205Title DR  
Name SHAMBERGER, ROBERT DR.  
Address 300 LONGWOOD AVE  
FEGAN-5  
City-State-Zip: BOSTON MA 02115Title DR.  
Name KRUMMEL, THOMAS DR.  
Address 300 PASTEUR DRIVE MC 5115  
ALWY BUILDING RM M121  
City-State-Zip: STANFORD CA 94305Title DR  
Name KLEIN, MICHEAL DR.  
Address CHILDREN'S HOSPITAL OF MICHIGAN  
3901 BEAUBIEN BLVD  
City-State-Zip: DETRIOT MI 48201**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: JAY L. GROSFELD, MD****DR****03/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DR
Name	KANDEL, JESSICA DR.
Address	UNIV OF CHICAGO, CORNER CHILDREN'S HOSP 5839 S. MARYLAND SUITE A-426, MC 4062
City-State-Zip:	CHICAGO IL 60637