

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 13, 2017
Secretary of State
CC1847636281

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: 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 **02/13/2017**

Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title DR
Name OLDHAM, KEITH DR.
Address MEDICAL COLLEGE OF WISCONSIN
999 N 92ND ST SUITE 320
City-State-Zip: MILWAUKEE WI 53226

Title DR.
Name KRUMMEL, THOMAS DR.
Address 300 PASTEUR DRIVE MC 5115
ALWY BUILDING RM M121
City-State-Zip: STANFORD CA 94305

Title DR
Name VON ALLMEN, DAVID DR.
Address DIV PED SURG ML 2023
3333 BURNET AVE
City-State-Zip: CINCINNATI OH 45229

Title DR
Name KLEIN, MICHEAL DR.
Address CHILDREN'S HOSPITAL OF MICHIGAN
3901 BEAUBIEN BLVD
City-State-Zip: DETRIOT MI 48201

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

Title DR.
Name WALDHAUSEN, JOHN DR.
Address 4800 SAND POINT WAY NE
PO BOX 5371/W7753
City-State-Zip: SEATTLE WA 98150

Title DR.
Name LANGHAM, MAX
Address 51 N DUNLAP
SUITE 220
City-State-Zip: MEMPHIS TN 38150

Title DR
Name WESSON, DAVID DR.
Address BAYLOR COLLEGE OF MEDICINE
6701 FANNIN ST SUITE 1210
City-State-Zip: HOUSTON TX 77030-2610

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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 **PRESIDENT** **02/13/2017**

Electronic Signature of Signing Officer/Director Detail Date

Officer/Director Detail Continued :

Title DR.
Name FALLAT, MARY DR.
Address NORTON CHILDREN'S HOSPITAL
315 E. BROADWAY SUITE 565
City-State-Zip: LOUISVILLE KY 40202

Title DR.
Name FARMER, DIANA DR.
Address UC DAVIS HEALTH SYSTEM
2221 STOCKTON BLVD SUITE 3112
City-State-Zip: SACRAMENTO CA 95817