

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001272

FILED
Apr 20, 2013
Secretary of State
CC9554346298

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

04/20/2013

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 46202

Title DR
Name BESNER, GAIL DR.
Address NATIONWIDE CHILDREN'S HOSPITAL
700 CHILDREN'S WAY
City-State-Zip: COLUMBUS OH 43205

Title DR
Name STOLAR, CHARLES DR.
Address 2403 CASTILLO DR.
SUITE 202
City-State-Zip: SANTA BARBARA CA 93105

Title DR
Name SCHWARTZ, MARSHALL DR.
Address ST. CHRISTOPHER'S HOSPITAL FOR
CHILDREN
ERIE AVE AND FRONT ST
City-State-Zip: PHILADELPHIA PA 19134

Title DR
Name GEORGESON, KEITH DR.
Address 1418 M RIVER VISTA ST
City-State-Zip: SPOKANE WA 99224

Title DR
Name BRANDT, MARY DR.
Address 6701 FANNIN
SUITE 1210
City-State-Zip: HOUSTON TX 77030

Title DR
Name LANGER, JACOB DR.
Address 555 UNIVERSITY AVE
RM 1526, HILL WING
City-State-Zip: TORONTO ONTARIO M5G 1X8

Title DR
Name SHAMBERGER, ROBERT DR.
Address 300 LONGWOOD AVE
FEGAN-5
City-State-Zip: BOSTON MA 02115

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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: JAY GROSFELD

DR

04/20/2013

Officer/Director Detail Continued :

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