

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2010
Secretary of State

Entity Name: THE FLORIDA ASSOCIATION OF PEDIATRIC SURGEONS, INC.

Current Principal Place of Business:

C/O D A PLUMLEY, M.D.
1814 LUCERNE TERRACE, SUITE A
ORLANDO, FL 32806 US

New Principal Place of Business:

C/O JUAN SOLA, M.D.
1611 NW 12TH AVENUE, JMH ET 3019
MIAMI, FL 33136 US

Current Mailing Address:

C/O D A PLUMLEY, M.D.
1814 LUCERNE TERRACE, SUITE A
ORLANDO, FL 32806 US

New Mailing Address:

C/O JUAN SOLA, M.D.
1611 NW 12TH AVENUE, JMH ET 3019
MIAMI, FL 33136 US

FEI Number: 23-7377063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLUMLEY, DONALD A., M.D.
1814 LUCERNE TERRACE, SUITE A
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

JUAN SOLA, M.D.
1611 NW 12TH AVENUE, JMH ET3019
MIAMI, FL 33136 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: JUAN E SOLA, MD

01/06/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: COUGHLIN, JOHN
Address: 1150 N 35TH AVE # 555
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VD
Name: COUGHLIN, JOHN
Address: 1615 E PRINCETON #320
City-St-Zip: ORLANDO, FL 32007 US

Title: STD
Name: PLUMLEY, DONALD A
Address: 1814 LUCERNE TERRACE, SUITE A
City-St-Zip: ORLANDO, FL 32806 US

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: JOHN COUGHLIN

PD

01/06/2010

Electronic Signature of Signing Officer or Director

Date