

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717485

FILED  
Apr 11, 2012  
Secretary of State

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

**Current Principal Place of Business:**

C/O W. RALEIGH THOMPSON M.D.  
2501 N. ORANGE AVE, SUITE 200  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O W. RALEIGH THOMPSON M.D.  
2501 N. ORANGE AVE  
ORLANDO, FL 32804 US

**New Mailing Address:**

**FEI Number:** 23-7377063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, WILLIAM R III  
2501 N. ORANGE AVE  
SUITE 200  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KAYS, DAVID  
Address: 1600 SW ARCHER ROAD, BOX 100110  
City-St-Zip: GAINESVILLE, FL 32610 US

Title: ST  
Name: THOMPSON, WILLIAM R III  
Address: 2501 N. ORANGE AVE, SUITE 200  
City-St-Zip: ORLANDO, FL 32007 US

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

Title: VP  
Name: CHAET, MARK S  
Address: 1220 SLIGH BLVD  
City-St-Zip: ORLANDO, FL 32806

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: W. RALEIGH THOMPSON M.D.

DR

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date