

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009608

FILED
Jan 06, 2010
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS FOUNDATION, INC.

Current Principal Place of Business:

5550 WEST EXECUTIVE DRIVE SUITE 400
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5550 WEST EXECUTIVE DRIVE SUITE 400
TAMPA, FL 33609

New Mailing Address:

FEI Number: 26-3554001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, MICHAEL J
210 N FRANKLIN STREET SUITE 2200
TAMPA, FL 33602 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: PD
Name: MONTES, STEPHEN A D.O.
Address: 5550 WEST EXECUTIVE DRIVE SUITE 400
City-St-Zip: TAMPA, FL 33609

Title: TD
Name: STEIN, LAWRENCE M.D.
Address: 5550 WEST EXECUTIVE DRIVE SUITE 400
City-St-Zip: TAMPA, FL 33609

Title: VD
Name: CARBONE, WILLIAM
Address: 5550 WEST EXECUTIVE DRIVE SUITE 400
City-St-Zip: TAMPA, FL 33609

Title: S
Name: GERNERT, MAXINE
Address: 5550 WEST EXECUTIVE DRIVE SUITE 400
City-St-Zip: TAMPA, FL 33609

Title: D
Name: DURANTE, ANTHONY J
Address: 5550 W. EXECUTIVE DRIVE SUITE 400
City-St-Zip: TAMPA, FL 33609

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: ANTHONY J. DURANTE

D

01/06/2010

Electronic Signature of Signing Officer or Director

Date