


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90050 014 ****70.00

DOCUMENT # N93000001272	
1. Entity Name AMERICAN PEDIATRIC SURGICAL ASSOCIATION FOUNDATION, INC.	

Principal Place of Business 4600 TOUCHTON ROAD BLDG 200, SUITE 2500 JACKSONVILLE, FL 32246	Mailing Address C/O J. NOSEWORTHY, M.D., 4600 TOUCHTON RD. BLDG 200, SUITE 2500 JACKSONVILLE, FL 32246
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40001363



01082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3243373	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NOSEWORTHY, JOHN M.D. 4600 TOUCHTON ROAD BUILDING 200, SUITE 2500 JACKSONVILLE, FL 32246		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GROSFELD, JAY L 702 BARNHILL DR, STE 2500 INDIANAPOLIS, IN 46202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D M. JUDAH FOLLMAN, M.D. 300 LONGWOOD AVE. BOSTON, MA 02115 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, R. PETER M.D. 3959 BRAODWAY, RM. 1165 NEW YORK, NY 10032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S. RONALD B. HIRSCHL, M.D. 1500 E. MED. CENTER DRIVE ANN ARBOR, MICHIGAN 48102-0245 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHOE, PATRICIA K M.D. 55 FRUIT STREET BOSTON, MA 02114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEIL J. SHERMAN, M.D. 1135 S. SUNSET AVE. #301 WEST COVINA, CA 91790 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOULOUKIAN, ROBERT J M.D. 333 CEDAR STREET, POB208062 NEW HAVEN, CT 06520 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAD W. WARNER, M.D. 3333 BURNETT AVE. CINCINNATI, OHIO 45229 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, BRADLEY M M.D. BOX 800709 CHARLOTTESVILLE, VA 22906 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANIANO, DONNA A MD 700 CHILDRENS DR. COLUMBUS, OH 43205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (Signature) (Agent) 01/08/2007 904-232-4104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #