

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001272

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** AMERICAN PEDIATRIC SURGICAL ASSOCIATION FOUNDATION, INC.

**Current Principal Place of Business:**

400 EAST BAY STREET  
SUITE 1905  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

J. NOSEWORTHY MD FACS FAAP  
400 EAST BAY STREET, SUITE 1905  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

400 EAST BAY STREET  
SUITE 1905  
JACKSONVILLE, FL 32202 US

**FEI Number:** 59-3243373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NOSEWORTHY, JOHN M.D.  
400 EAST BAY STREET  
SUITE 1905  
JACKSONVILLE, FL 32202 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: DR  
Name: GROSFELD, JAY L MD  
Address: 702 BARNHILL DR, STE 2500  
City-St-Zip: INDIANAPOLIS, IN 46202 US

Title: DR  
Name: ZIEGLER, MORITZ M. MD  
Address: 1 CLOISTER COURT  
City-St-Zip: CINCINNATI, OH 45206 US

Title: DR  
Name: DONAHOE, PATRICIA K M.D.  
Address: 185 CAMBRIDGE STREET  
City-St-Zip: BOSTON, MA 02114 US

Title: DR  
Name: FARMER, DIANA L M.D.  
Address: 513 PARNASSUS AVE HSW 1601  
City-St-Zip: SAN FRANCISCO, CA 94143 US

Title: DR  
Name: LUND, DENNIS P M.D.  
Address: 600 HIGHLAND AVE  
City-St-Zip: MADISON, WI 53792 US

Title: DR  
Name: HARRISON, MICHAEL R MD  
Address: 513 PARNASSUS AVE  
City-St-Zip: SAN FRANCISCO, CA 94143 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 NOSEWORTHY MD

DR

01/06/2011

Electronic Signature of Signing Officer or Director

Date