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.

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## Entity Name: ASSOCIATION OF SURGICAL FACULTY CORP

Current Principal Place of Business:

6450 AVENIDA CRESTA LA JOLLA, CA 92037

## **Current Mailing Address:**

DOCUMENT# N19000001470

6450 AVENIDA CRESTA LA JOLLA, CA 92037 US

## FEI Number: 27-0554538

## Name and Address of Current Registered Agent:

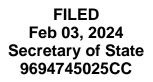
MANDY, STEPHEN HOWARD DR. 1000 SOUTHPOINTE DR #1404 1404 MIAMI BEACH, FL 33139 US

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	STEPHEN MANDY MD			02/03/2024	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	Р	Title	VP		
Name	MONHEIT, GARY D DR	Name	WEISS, ROBERT DR		
Address	2100 16TH AVE SOUTH #202	Address	54 SCOTT ADAM RD #301		
City-State-Zip:	BIRMINGHAM AL 32055	City-State-Zip:	HUNT VALLEY MD 21030		
Title	т	Title	S		
Name	BUTTERWICK, KIMBERLY DR	Name	MANDY, STEPHEN MD		
Address	9339 GENESEE AVE #300	Address	1000 SOUTHPOINTWE DR #14	04	
Address	9339 GENESEE AVE #300			04	
City-State-Zip:	SAN DIEGO CA 92121	City-State-Zip:	MIAMI BEACH FL 33139		

Certificate of Status Desired: No

Date



TREASURER

02/03/2024