

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000001470

Entity Name: ASSOCIATION OF SURGICAL FACULTY CORP**Current Principal Place of Business:**6450 AVENIDA CRESTA
LA JOLLA, CA 92037**Current Mailing Address:**6450 AVENIDA CRESTA
LA JOLLA, CA 92037 US**FEI Number:** 27-0554538**Certificate of Status Desired:** No**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

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	MONHEIT, GARY D DR
Address	2100 16TH AVE SOUTH #202
City-State-Zip:	BIRMINGHAM AL 32055

Title	VP
Name	WEISS, ROBERT DR
Address	54 SCOTT ADAM RD #301
City-State-Zip:	HUNT VALLEY MD 21030

Title	T
Name	BUTTERWICK, KIMBERLY DR
Address	9339 GENESEE AVE #300
City-State-Zip:	SAN DIEGO CA 92121

Title	S
Name	MANDY, STEPHEN MD
Address	1000 SOUTHPOINTWE DR #1404
City-State-Zip:	MIAMI BEACH FL 33139

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: STEPHEN MANDY MD**SECRETARY**

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date