

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714751

FILED
Apr 06, 2005
Secretary of State

Entity Name: THE FLORIDA SOCIETY OF ANESTHESIOLOGIST, INCORPORATED

Current Principal Place of Business:

2810 C. INDUSTRIAL PLAZA DR.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 13978
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-6138053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABRERA, SUSAN
3356 THOMAS BUTLER ROAD
TALLAHASSEE, FL 32308 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: 1VP () Delete
Name: FU, EUGENE MD
Address: 4502 W. VASCONIA ST.
City-St-Zip: TAMPA, FL 33629

Title: IPP () Delete
Name: JACQUE, JAMES J
Address: 822 MEDINA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: PE () Delete
Name: WELCH, REBECCA
Address: 2101 FOREST CLUB DR.
City-St-Zip: ORLANDO, FL 32804

Title: 2VP () Delete
Name: WICKSTROM-HILL, DALE
Address: PO BOX 1506
City-St-Zip: WINTER HAVEN, FL 33883

Title: P () Delete
Name: GORFINE, LAWRENCE S
Address: 4801 S. CONGRESS AVENUE, STE 201
City-St-Zip: LAKE WORTH, FL 33461

Title: T () Delete
Name: MARKGRAF, KURT MD
Address: 3663 MCKINLEY AVE
City-St-Zip: FT. MEYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 1VP (X) Change () Addition
Name: MIGUEL, RAFAEL MD
Address: 12901 BRUCE B. DOWNS BLVD., MDC #59
City-St-Zip: TAMPA, FL 33612

Title: 2VP (X) Change () Addition
Name: RICHMAN, GARY M MD
Address: 19109 STREAMSIDE CT
City-St-Zip: BOCA RATON, FL 33498

Title: P (X) Change () Addition
Name: WELCH, REBECCA
Address: 2101 FOREST CLUB DR.
City-St-Zip: ORLANDO, FL 32804

Title: PE (X) Change () Addition
Name: WICKSTROM-HILL, DALE
Address: PO BOX 1506
City-St-Zip: WINTER HAVEN, FL 33883

Title: IPP (X) Change () Addition
Name: GORFINE, LAWRENCE S
Address: 4801 S. CONGRESS AVENUE, STE 201
City-St-Zip: LAKE WORTH, FL 33461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN CABRERA

ED

04/06/2005

Electronic Signature of Signing Officer or Director

Date