

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714751

FILED  
May 08, 2006  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: MIGUEL, RAFAEL MD  
Address: 12901 BRUCE B. DOWNS BLVD., MDC #59  
City-St-Zip: TAMPA, FL 33612

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

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

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

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

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

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

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

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

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 Chapter 119, 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: MARKGRAF, KURT

T

05/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date