2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# 714751

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 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: SUSAN CABRERA RA 05/08/2007

Electronic Signature of Signing Officer or Director — Date