

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714751

FILED  
Apr 07, 2008  
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: 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: 1VP (X) Change ( ) Addition  
Name: LEWIS, MICHAEL C MD  
Address: PO BOX 016370  
City-St-Zip: MIAMI, FL 33101

Title: 2VP (X) Change ( ) Addition  
Name: PEASE, SONYA M MD  
Address: 903 45TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: P (X) Change ( ) Addition  
Name: MARKGRAF, KURT W MD  
Address: 3663 MCKINLEY AVE  
City-St-Zip: FORT MYERS, FL 33901

Title: PE (X) Change ( ) Addition  
Name: WHALLEY, DAVID G  
Address: 6101 PINE RIDGE RD  
City-St-Zip: NAPLES, FL 34119

Title: IPP (X) Change ( ) Addition  
Name: MIGUEL, RAFAEL V MD  
Address: 25 S TREASURE DR  
City-St-Zip: TAMPA, FL 33609

Title: T (X) Change ( ) Addition  
Name: LAYON, A. JOSEPH MD  
Address: P.O. BOX 100254  
City-St-Zip: GAINESVILLE, FL 32610

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

ED

04/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date