

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714751

FILED
Feb 16, 2010
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: PE
Name: LEWIS, MICHAEL C MD
Address: PO BOX 016370
City-St-Zip: MIAMI, FL 33101

Title: 1VP
Name: VARLOTTA, DAVID MD
Address: 1303 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33606

Title: IPP
Name: WHALLEY, DAVID MD
Address: 6101 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34119

Title: T
Name: EPSTEIN, JAY MD
Address: 7358 SAWGRASS POINT DR
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: ED
Name: CABRERA, SUSAN
Address: 2810-C INDUSTRIAL PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: 2VP
Name: CHASE, CHARLES MD
Address: 1214 E CONCORD ST
City-St-Zip: ORLANDO, FL 32803

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: SUSAN CABRERA

ED

02/16/2010

Electronic Signature of Signing Officer or Director

Date