FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00815 (3)

1. Corporation Name

ANESTHESIOLOGY ALUMNI ASSOCIATION OF FLORIDA, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%CAROLYN SCHOENAN P.O. BOX 13417 GAINESVILLE FL 32604	%CAROLYN SCHOENAN P.O. BOX 13417 GAINESVILLE FL 32604

3. Date Incorporated or Qualified: 01/09/1984
3a. Date of Last Report: 05/26/1994
4. FEI Number: 59-2406671 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 % Rebecca Lovely	26 PO Box 13417
Suite, Apt. #, etc. 22 PO Box 13417	Suite, Apt. #, etc. 27
City & State 23 Gainesville FL	City & State 28 Gainesville FL
Zip / Country 24 32604 / 25 USA	Zip / Country 29 32604 / 30 USA

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOVELY, REBBECCA Y.
203 HARVARD RD
ARCHER FL 32618

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Rebecca Lovely Rebecca Lovely, Executive Secretary
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BINGHAM, H. LOCKE	1.2 NAME	Goodwin, Salvatore R.	
STREET ADDRESS	1753 LOQUAT LANE	1.3 STREET ADDRESS	4308 SW 91 Drive	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	KOSKA, A. JAY III	2.2 NAME	Koska, A. Jay III	
STREET ADDRESS	7701 SW 26 PLACE	2.3 STREET ADDRESS	445 Parade Drive	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Corpus Christi, TX	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CUCCHIARA, ROY F.	3.2 NAME		
STREET ADDRESS	4205 SW 96 DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MONROE, MARK C.	4.2 NAME	Bingham, H. Locke	
STREET ADDRESS	8005 WHISPER LAKE LANE	4.3 STREET ADDRESS	1753 Loquat Lane	
CITY-ST-ZIP	PONTE VEDREA BCH FL	4.4 CITY-ST-ZIP	Jacksonville FL	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ENNEKING, KAYSER F.	5.2 NAME	Guyton, Thomas S.	
STREET ADDRESS	1708 NW 26 WAY	5.3 STREET ADDRESS	3208 NW 57 Terrace	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	Gainesville FL	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GUNZA, JAYNE	6.2 NAME	Redfern, Robert	
STREET ADDRESS	18724 NAUTICAL DR #5	6.3 STREET ADDRESS	1126 Fruit Cove Terrace	
CITY-ST-ZIP	HUNTERSVILLE NC	6.4 CITY-ST-ZIP	Jacksonville, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Salvator R. Goodwin, MD (904)395-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #