

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N00815 (3)

1. Corporation Name

ANESTHESIOLOGY ALUMNI ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

C/O REBECCA LOVELY
P.O. BOX 13417
GAINESVILLE FL 32604
US

C/O REBECCA LOVELY
P.O. BOX 13417
GAINESVILLE FL 32604
US

3. Date Incorporated or Qualified

01/09/1984

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVELY, REBBECA Y.
203 HARVARD RD
ARCHER FL 32618

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	<input type="checkbox"/> DELETE
NAME	GOODWIN, SALVATORE R	
STREET ADDRESS	4308 SW 91 DRIVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOSKA, A. JAY III	
STREET ADDRESS	445 PARADE DRIVE	
CITY - ST - ZIP	CORPUS CHRISTI TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUCCHIARA, ROY F.	
STREET ADDRESS	4205 SW 96 DR	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BINGHAM, H. L	
STREET ADDRESS	1753 LOQUAT LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUYTON, THOMAS S	
STREET ADDRESS	3208 NW 57 TERRACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REDFERN, ROBERT	
STREET ADDRESS	1126 FRUIT COVE TERRACE	
CITY - ST - ZIP	JACKSONVILLE FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOSKA III, A. JAY	
1.3 STREET ADDRESS	233 CAPE ARON DRIVE	
1.4 CITY - ST - ZIP	CORPUS CHRISTI TX 78412	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILSON, G. EDWIN	
2.3 STREET ADDRESS	401 E ROBINSON STREET #401	
2.4 CITY - ST - ZIP	ORLANDO, FL 32801	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CUCCHIARA, ROY F.	
3.3 STREET ADDRESS	4205 SW 96 DRIVE	
3.4 CITY - ST - ZIP	GAINESVILLE FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GOODWIN, S	
4.3 STREET ADDRESS	4308 SW 91 DRIVE	
4.4 CITY - ST - ZIP	GAINESVILLE FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GUYTON, THOMAS S	
5.3 STREET ADDRESS	3208 NW 57 TERRACE	
5.4 CITY - ST - ZIP	GAINESVILLE FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MYERS, MONICA L.	
6.3 STREET ADDRESS	11297 LAKE MANDRIN CIRCLE E.	
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)(k), 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:

A. Jay Koska III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-95
Date

(512) 850-5445
Daytime Phone #

CR2E037 (12/95)