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Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32604-1417  
US

3. Date Incorporated or Qualified  
**01/09/1984**

3a. Date of Last Report  
**04/17/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOVELY, REBBECCA 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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KOSKA III, A. JAY</b>	
STREET ADDRESS	<b>233 CAPE ARON DRIVE</b>	
CITY - ST - ZIP	<b>CORPUS CHRISTI TX</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KOSKA, A. JAY III</b>	
STREET ADDRESS	<b>445 PARADE DRIVE</b>	
CITY - ST - ZIP	<b>CORPUS CHRISTI TX</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CUCCHIARA, ROY F.</b>	
STREET ADDRESS	<b>4205 SW 98 DR</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOODWIN, S.</b>	
STREET ADDRESS	<b>4308 SW 91 DRIVE</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GUYTON, THOMAS S</b>	
STREET ADDRESS	<b>3208 NW 57 TERRACE</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MYERS, MONICA L.</b>	
STREET ADDRESS	<b>11297 LAKE MANDARIN CIRCLE E</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WILSON, G. EDWIN</b>	
1.3 STREET ADDRESS	<b>401 ROBINSON STREET #401</b>	
1.4 CITY - ST - ZIP	<b>ORLANDO FL</b>	

2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ZAPP, MARK</b>	
2.3 STREET ADDRESS	<b>1584 MISTY LAKE DRIVE</b>	
2.4 CITY - ST - ZIP	<b>ORANGE PARK FL</b>	

3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GRAVENSTEIN, NIKOLAUS</b>	
3.3 STREET ADDRESS	<b>7221 NW 18 AVENUE</b>	
3.4 CITY - ST - ZIP	<b>GAINESVILLE FL</b>	

4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>KOSKA III, A JAY</b>	
4.3 STREET ADDRESS	<b>233 CAPE ARON DRIVE</b>	
4.4 CITY - ST - ZIP	<b>CORPUS CHRISTI TX</b>	

5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>UTTERBACK, DAVID B.</b>	
5.3 STREET ADDRESS	<b>4305 SW 83 WAY</b>	
5.4 CITY - ST - ZIP	<b>GAINESVILLE FL</b>	

6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>REDFERN, ROBERT E.</b>	
6.3 STREET ADDRESS	<b>1126 FRUIT COVE TERRACE</b>	
6.4 CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	

14. I do hereby certify that the information supplied with this filing 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:

*Rebecca Y. Lovely* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97

Date

(352) 3958012

Daytime Phone #0010783

CR2E037 (9/96)

# ANESTHESIOLOGY

	Present	President Elect	Immediate Past President
03/31/84- 10/27/85	SR Goodwin, MD	SR Goodwin, MD	-
10/28/85- 09/20/86	SR Goodwin, MD	MI Simon, MD	-
09/21/86- 03/12/88	MI Simon, MD	PG Boysen, MD	SR Goodwin, MD
03/13/88- 11/19/89	PG Boysen, MD	CF James, MD	MJ Simon, MD
11/20/89- 11/17/90	CF James, MD	WG Long, MD	PG Boysen, MD
11/18/90- 06/16/91	WG Long, MD	ML Good, MD	CF James, MD
06/17/91- 06/13/92	ML Good, MD	M Monroe, MD	WG Long, MD
06/14/92- 06/12/93	M Monroe, MD	H. Locke Bingham, MD	ML Good, MD
06/13/93- 09/11/94	H Locke Bingham, MD	A Jay Koska, MD, PhD	M Monroe, MD
09/12/94- 09/09/95	S Goodwin, MD	A Jay Koska, MD, PhD	H Locke Bingham, MD
09/10/95- 09/07/96	J Koska, MD, PhD	E Wilson, MD	S Goodwin, MD
09/08/96- Present	E Wilson, MD	M Zapp, MD	J Koska, MD, PhD