

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90016 006 ****70.00

DOCUMENT # N00815

1. Corporation Name

**ANESTHESIOLOGY ALUMNI ASSOCIATION OF FLORIDA, IN
C.**

498544 - 90016 - 6

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/09/1984

4. FEI Number

59-2406671

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 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 P ☐ DELETE

NAME ZAPP, MARK A
STREET ADDRESS 1584 MISTY LAKE DR
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ DELETE

NAME FABEROWSKI, LISA
STREET ADDRESS 6330 NW 38 TERR
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE D ☐ DELETE

NAME WILSON, G EDWIN
STREET ADDRESS 150 W READING WY
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME DUNCAN, EDDY
STREET ADDRESS 4717 SW 85 DR
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☐ DELETE

NAME MYERS, MONICA
STREET ADDRESS 11297 LAKE MADRID CIR E
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE D ☐ DELETE

NAME NEWSOME, DENNIS
STREET ADDRESS 5400-S164 NW 39 AVE
CITY-ST-ZIP GAINESVILLE FL 32606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Faberowski, Lisa
1.3 STREET ADDRESS 6330 NW 38 TR
1.4 CITY-ST-ZIP Gainesville, FL 32653

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Welch, Rebecca
2.3 STREET ADDRESS 2101 Forest Club Drive
2.4 CITY-ST-ZIP Orlando, FL 32804-6507

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Zapp, Mark
3.3 STREET ADDRESS 1584 Misty Lake Drive
3.4 CITY-ST-ZIP Orange Park, FL 32073

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Berman, Lawrence
4.3 STREET ADDRESS 11 NW 88 Terrace
4.4 CITY-ST-ZIP Gainesville, FL 32607-1454

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME DeSoto, Hernando
5.3 STREET ADDRESS 8413 Papelon Way
5.4 CITY-ST-ZIP Jacksonville, FL 32217

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-395-8012

CR2E037 (11/98)