

DOCUMENT # N00815

1. Entity Name

ANESTHESIOLOGY ALUMNI ASSOCIATION OF FLORIDA, IN**FILED**
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90028 006 ****70.00

Principal Place of Business

Mailing Address

C/O REBECCA LOVELY
P.O. BOX 13417
GAINESVILLE FL 32604
USC/O REBECCA LOVELY
P.O. BOX 13417
GAINESVILLE FL 32604-1417
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2406671

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVELY, REBBECCA Y.
203 HARVARD RD
ARCHER FL 32618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FABERWOSKI, LISA	6330 NW 38 TR	GAINESVILLE FL 32653	
D	FABEROWSKI, LISA	6330 NW 38 TERR	GAINESVILLE FL 32653	
D	ZAPP, MARK	1584 MISTY LAKE DRIVE	ORANGE FL 32073	
D	DUNCAN, EDDY	4717 SW 85 DR	GAINESVILLE FL 32608	
D	MYERS, MONICA	11297 LAKE MADRID CIR E	JACKSONVILLE FL 32223	
D	NEWSOME, DENNIS	5400-S164 NW 39 AVE	GAINESVILLE FL 32606	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rebecca Lovely Executive Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

041400

Date

352 392 3444

Daytime Phone #

CR2E037 (9/99)