2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90084 003 ****70.00

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02242004 Chg-NP CR2E037 (10/03)

DOCUMENT # N00815

1. Entity 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

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

6. Name and Address of Current Registered Agent

LOVELY, REBECCA Y
~~203 HARVARD RD~~ 11211 NE 109 Place
ARCHER, FL 32618

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WELCH, REBECCA 2101 FOREST CLUB DRIVE ORLANDO, FL 328046507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Boyer, Mike 1200 McAurther Lane McAlester, OK 74501-7150	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAVENSTEIN, NIKOLAUS 7221 NW 18 AVENUE GAIENSVILLE, FL 326053132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Welch, Rebecca 2101 Forest Club Drive Orlando, FL 328046507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FABEROWSKI, LISA 514 LOWELL AVENUE NEWTON, MA 02460	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERMAN, LAWRENCE 11 NW 88 TERRACE GAINESVILLE, FL 326071454	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DESOTO, HERNANDO 8413 PAPELON WAY JACKSONVILLE, FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Nikolaus Gravenstein, MD (352) 392-3446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #