


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90053 032 ****70.00

DOCUMENT # N00815					
1. Entity Name ANESTHESIOLOGY ALUMNI ASSOCIATION OF FLORIDA, INC.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2406671	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOVELY, REBECCA Y 203 HARVARD RD 11211 NE 109 Place 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, REBECCA		NAME	Boyer, Mike	
STREET ADDRESS	2101 FOREST CLUB DRIVE		STREET ADDRESS	1200 McArthur Lane	
CITY-ST-ZIP	ORLANDO, FL 328046507		CITY-ST-ZIP	McAlester OK 74501-7150	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, REBECCA		NAME	Boyer, Mike	
STREET ADDRESS	2101 FOREST CLUB DRIVE		STREET ADDRESS	1200 McArthur Lane	
CITY-ST-ZIP	ORLANDO, FL 328046507		CITY-ST-ZIP	McAlester OK 74501-7150	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Immediate Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER, MIKE		NAME	Welch, Rebecca	
STREET ADDRESS	1200 MCARTHUR LANE		STREET ADDRESS	2101 Forest Club DR	
CITY-ST-ZIP	MCALISTER, OK 745017150		CITY-ST-ZIP	Orlando FL 32804-6507	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Gainesville Faculty Rep	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, LAWRENCE		NAME	Berman, Lawrence	
STREET ADDRESS	11 NW 88 TERRACE		STREET ADDRESS	11 NW 88 Terrace	
CITY-ST-ZIP	GAINESVILLE, FL 326071454		CITY-ST-ZIP	Gainesville, FL 32607-1454	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Jacksonville Faculty Rep	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESOTO, HERNANDO		NAME	Desoto, Hernando	
STREET ADDRESS	8413 PAPELON WAY		STREET ADDRESS	8413 Papelon Way	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	Jacksonville FL 32217	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



04032005 Chg-NP CR2E037 (10/03)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca Lovely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.04.05

352.265.8012

Date

Daytime Phone #