

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90023 039 ****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

04122006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**LOVELY, REBECCA Y
203 HARVARD RD
ARCHER, FL 32618**

Name
Lovely, Rebecca Y.
Street Address (P.O. Box Number is Not Acceptable)
11211 NE 109 Place
City
Archer FL Zip Code
32618

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, 2006**

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
**IPP
WELCH, REBECCA
2101 FOREST CLUB DRIVE
ORLANDO, FL 328046507** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BOYER, MIKE
1200 MCARTHUR LANE
MCALESTER, OK 745017150** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PE
BOYER, MIKE
1200 MCARTHUR LANE
MCALESTER, OK 745017150** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FR
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
**FR
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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.24.06

Date

352.392.3444

Daytime Phone #