


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE



03132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2406671	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVELY, REBECCA Y
11211 NE 109 PL
ARCHER, FL 32618

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IN THIS SPACE**

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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	IPP
NAME	WELCH, REBECCA
STREET ADDRESS	2101 FOREST CLUB DRIVE
CITY-ST-ZIP	ORLANDO, FL 328046507
TITLE	P
NAME	BOYER, MIKE
STREET ADDRESS	1200 MCARTHUR LANE
CITY-ST-ZIP	MCALESTER, OK 745017150
TITLE	PE
NAME	BOYER, MIKE
STREET ADDRESS	1200 MCARTHUR LANE
CITY-ST-ZIP	MCALESTER, OK 745017150
TITLE	FR
NAME	BERMAN, LAWRENCE
STREET ADDRESS	11 NW 88 TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 326071454
TITLE	FR
NAME	DESOTO, HERNANDO
STREET ADDRESS	8413 PAPELON WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000676871
03/30/07-80080-004 70.00

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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:

Rebecca Lovely *Rebecca Lovely* Executive Secretary

03.14.07

Date

Daytime Phone #