


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90050 001 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2406671	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOVELY, REBECCA Y 11211 NE 109 PL 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, 2008		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	IPP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELCH, REBECCA		NAME		
STREET ADDRESS	2101 FOREST CLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328046507		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYER, MIKE		NAME		
STREET ADDRESS	1200 MCARTHUR LANE		STREET ADDRESS		
CITY-ST-ZIP	MCALISTER, OK 745017150		CITY-ST-ZIP		
TITLE	PE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYER, MIKE		NAME		
STREET ADDRESS	1200 MCARTHUR LANE		STREET ADDRESS		
CITY-ST-ZIP	MCALISTER, OK 745017150		CITY-ST-ZIP		
TITLE	FR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERMAN, LAWRENCE		NAME		
STREET ADDRESS	11 NW 88 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 326071454		CITY-ST-ZIP		
TITLE	FR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESOTO, HERNANDO		NAME		
STREET ADDRESS	8413 PAPELON WAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP		
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		
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: <i>Rebecca Lovely</i> Rebecca Lovely			Executive Secretary 03/3/08 352.392.3444		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		