

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00815

FILED
Apr 07, 2009
Secretary of State

Entity Name: ANESTHESIOLOGY ALUMNI ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

C/O REBECCA LOVELY
P.O. BOX 13417
GAINESVILLE, FL 32604 US

New Principal Place of Business:

C/O REBECCA LOVELY
1600 SW ARCHER ROAD
GAINESVILLE, FL 32611 US

Current Mailing Address:

C/O REBECCA LOVELY
P.O. BOX 13417
GAINESVILLE, FL 32604 US

New Mailing Address:

PO BOX 13417
GAINESVILLE, FL 32608 US

FEI Number: 59-2406671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: IPP () Delete
Name: WELCH, REBECCA
Address: 2101 FOREST CLUB DRIVE
City-St-Zip: ORLANDO, FL 328046507

Title: P () Delete
Name: BOYER, MIKE
Address: 1200 MCARTHUR LANE
City-St-Zip: MCALESTER, OK 745017150

Title: PE () Delete
Name: BOYER, MIKE
Address: 1200 MCARTHUR LANE
City-St-Zip: MCALESTER, OK 745017150

Title: FR () Delete
Name: BERMAN, LAWRENCE
Address: 11 NW 88 TERRACE
City-St-Zip: GAINESVILLE, FL 326071454

Title: FR () Delete
Name: DESOTO, HERNANDO
Address: 8413 PAPELON WAY
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA LOVELY

MS.

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date