

# 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