

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00815

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** ANESTHESIOLOGY ALUMNI ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13417  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

**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  
**Name:** BOYER, MIKE  
**Address:** 1200 MCARTHUR LANE  
**City-St-Zip:** MCALESTER, OK 745017150

**Title:** P  
**Name:** NAPOLITANO, CHARLIE  
**Address:** 14211 ORLEANS DR  
**City-St-Zip:** LITTLE ROCK, AR 722115549

**Title:** PE  
**Name:** NAPOLITANO, CHARLIE  
**Address:** 14211 ORLEANS DR  
**City-St-Zip:** LITTLE ROCK, AR 722115549

**Title:** FR  
**Name:** SEUBERT, CHRISOPH  
**Address:** 3535 NW 14 AVE  
**City-St-Zip:** GAINESVILLE, FL 326054824

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

I hereby 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 all other like empowered.

**SIGNATURE:** REBECCA LOVLEY

RA

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date