

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00815

FILED
Jan 19, 2012
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: LOVELY, REBECCA

RA

01/19/2012

Electronic Signature of Signing Officer or Director

Date