

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000951

FILED
Mar 19, 2004
Secretary of State

Entity Name: ASSOCIATION OF FLORIDA TRAUMA AGENCIES, INC.

Current Principal Place of Business:

18 NW 33RD CT
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

18 NW 33RD CT
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3174908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORSINI, EDITH M
18 NW 33RD CT
GAINESVILLE, FL 32607 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: PD () Delete
Name: GIANAS, PETER MD
Address: 4343 SEMINOLE STREET
City-St-Zip: STARKE, FL 32091

Title: VD () Delete
Name: HOWARD, JIM
Address: PO BOX 100335
City-St-Zip: GAINESVILLE, FL 32610

Title: SD () Delete
Name: HOWARD, JIM
Address: PO BOX 100335
City-St-Zip: GAINESVILLE, FL 32610

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: UZENOFF, BARBAR K
Address: 2711 E HANNA AVENUE
City-St-Zip: TAMPA, FL 33610

Title: VD (X) Change () Addition
Name: DAVIS, JEFF
Address: 3424 DATURA ST #401
City-St-Zip: WEST PALM BEACH, FL

Title: SD (X) Change () Addition
Name: HOWARD, JIM
Address: BOX 100335
City-St-Zip: GAINESVILLE, FL 32610

Title: TD () Change (X) Addition
Name: DANZ, GEORGE
Address: 5301 SW 31 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDITH M ORSINI

RA

03/19/2004

Electronic Signature of Signing Officer or Director

Date