

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000951

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: ASSOCIATION OF FLORIDA TRAUMA AGENCIES, INC.

## Current Principal Place of Business:

1015 NW 56TH TERRACE  
GAINESVILLE, FL 32605 US

## New Principal Place of Business:

1785 NW 80TH BLVD.  
GAINESVILLE, FL 32606 US

## Current Mailing Address:

1015 NW 56TH TERRACE  
GAINESVILLE, FL 32605 US

## New Mailing Address:

1785 NW 80TH BLVD.  
GAINESVILLE, FL 32606 US

FEI Number: 59-3174908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLIVA, STEVEN J  
1015 NW 56TH TERRACE  
GAINESVILLE, FL 32605 US

## Name and Address of New Registered Agent:

OLIVA, STEVEN J  
1785 NW 80TH BLVD.  
GAINESVILLE, FL 32606 US

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:

04/10/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: UZENOFF, BARBARA K  
Address: 2711 E HANNA AVENUE  
City-St-Zip: TAMPA, FL 33610

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

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

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

## 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 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: STEVEN J OLIVA

RA

04/10/2007

Electronic Signature of Signing Officer or Director

Date