

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000951

FILED
Mar 18, 2009
Secretary of State

Entity Name: ASSOCIATION OF FLORIDA TRAUMA AGENCIES, INC.

Current Principal Place of Business:

1785 NW 80TH BLVD.
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

1785 NW 80TH BLVD.
GAINESVILLE, FL 32606 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:

OLIVA, STEVEN J
1785 NW 80TH BLVD.
GAINESVILLE, FL 32606 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: UZENOFF, BARBARA K
Address: 2410 N TAMPA STREET
City-St-Zip: TAMPA, FL 336022199

Title: VD () Delete
Name: RASHKIN, CHERYL
Address: 5301 SW 31 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SD () Delete
Name: PATTERSON, MICHAEL
Address: 410 S US HWY 19
City-St-Zip: PALATKA, FL 32177

Title: TD () Delete
Name: SCHWEMMER, SANDRA
Address: 324 DATURA STREET S-401
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SMITH, SANDRA
Address: 324 DATURA STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD (X) Change () Addition
Name: PATTERSON, MICHAEL
Address: 410 SOUTH SR 19
City-St-Zip: PALATKA, FL 32177

Title: TD (X) Change () Addition
Name: RASHKIN, CHERYL
Address: 5301 SW 31 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33312

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: STEVEN J OLIVA

CEO

03/18/2009

Electronic Signature of Signing Officer or Director

Date