

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005886

FILED
May 04, 2009
Secretary of State

Entity Name: I. HEERMANN ANESTHESIA FOUNDATION, INC.

Current Principal Place of Business:

7424 NW 18TH AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

7424 NW 18TH AVENUE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-3349331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAVENSTEIN, JOACHIM S
7424 NW 18TH AVENUE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

PASTIS, ALIX G
7424 NW 18TH AVENUE
GAINESVILLE, FL 32605 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: ALIX G. PASTIS

05/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRAVENSTEIN, JOACHIM S
Address: 7424 NW 18TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: DENNIS, DONN
Address: C/O SHANDS, 1600 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32601 OC

Title: T () Delete
Name: PASTIS, MENELAOS
Address: C/O 7424 N.W. 18TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: S () Delete
Name: PASTIS, ALIX G
Address: 660 LOOP RD
City-St-Zip: KNOXVILLE, TN 37934

Title: D () Delete
Name: BJORAKER, DAVID
Address: C/O 7424 NW 15TH AVE.
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRAVENSTEIN, DIETRICH
Address: 7424 NW 18TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

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

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

Title: S (X) Change () Addition
Name: PASTIS, ALIX G
Address: 7424 NW 18TH AVE.
City-St-Zip: GAINESVILLE, FL 32605

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

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: ALIX G. PASTIS

SECY

05/04/2009

Electronic Signature of Signing Officer or Director

Date