

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00815

Entity Name: ANESTHESIOLOGY ALUMNI ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

C/O REBECCA LOVELY
1600 SW ARCHER ROAD
GAINESVILLE, FL 32611

Current Mailing Address:

PO BOX 13417
GAINESVILLE, FL 32608 US

FEI Number: 59-2406671

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOVELY, REBECCA Y
11211 NE 109 PL
ARCHER, FL 32618 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IPP
Name BOYER, MIKE
Address 1200 MCARTHUR LANE
City-State-Zip: MCALESTER OK 74501-7150

Title P
Name NAPOLITANO, CHARLIE
Address 14211 ORLEANS DR
City-State-Zip: LITTLE ROCK AR 72211-5549

Title FR
Name SEUBERT, CHRISOPH
Address 3535 NW 14 AVE
City-State-Zip: GAINESVILLE FL 32605-4824

Title RR
Name GOLDENHERSH, GREGORY
Address 25 SW 5TH TER, APT 4401
City-State-Zip: GAINESVILLE FL 32601-6272

Title MEMBER AT LARGE
Name WELCH, REBECCA
Address 2101 FOREST CLUB DR
City-State-Zip: ORLANDO FL 32804-6507

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: CHARLIE NAPOLITANO

PRESIDENT

02/05/2013

Electronic Signature of Signing Officer/Director Detail

Date