

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00815

**Entity Name:** ANESTHESIOLOGY ALUMNI ASSOCIATION OF FLORIDA, INC.**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC2796382336****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	NAPOLITANO, CHARLIE
Address	14211 ORLEANS DR
City-State-Zip:	LITTLE ROCK AR 72211-5549

Title	P
Name	SEUBERT, CHRISTOPH
Address	3535 NW 14 AVE
City-State-Zip:	GAINESVILLE FL 32605

Title	FR
Name	RICE, MARK
Address	3818 SW 21 DR
City-State-Zip:	GAINESVILLE FL 32608

Title	RR
Name	THOMPSON, KEITH
Address	3301 SW 13TH ST, APT Q254
City-State-Zip:	GAINESVILLE FL 32608

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: CHRISTOPH SEUBERT****PRESIDENT****03/30/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date