

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00815

Entity Name: ANESTHESIOLOGY SOCIETY, INC.**Current Principal Place of Business:**C/O JOYCE MYERS
1600 SW ARCHER ROAD
GAINESVILLE, FL 32611**Current Mailing Address:**PO BOX 13412
GAINESVILLE, FL 32608 US**FEI Number:** 59-2406671**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MYERS, JOYCE
6012 NW 33RD TR
GAINESVILLE, FL 32653-1709 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:** JOYCE MYERS**03/01/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** IMMEDIATE PAST PRESIDENT
Name SEUBERT, CHRISTOPH
Address 3535 NW 14 AVE
City-State-Zip: GAINESVILLE FL 32605**Title** PRESIDENT
Name FRANTZ, AMANDA
Address 5801 SW 86TH DR
City-State-Zip: GAINESVILLE FL 32608**Title** ASSISTANT DIRECTOR
Name HOROWITZ, KAREN
Address 166 LITTLE ORANGE LAKE DR
City-State-Zip: HAWTHORNE FL 32640**Title** ASSISTANT DIRECTOR OF COMMUNICATIONS
Name ASTROM, REBECCA COREY
Address 5859 SW 8TH PL
City-State-Zip: GAINESVILLE FL 32607**Title** ASSISTANT DIRECTOR OF MARKETING
Name HENDRICKS, CHRISTINA
Address 2360 SW ARCHER RD
APT 709
City-State-Zip: GAINESVILLE FL 32608**Title** DIRECTOR
Name MYERS, JOYCE
Address 6012 NW 33RD TERRACE
City-State-Zip: GAINESVILLE FL 32653

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: JOYCE MYERS**DIRECTOR &
REGISTERED AGENT****03/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date