

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00815

Entity Name: ANESTHESIOLOGY ALUMNI ASSOCIATION OF FLORIDA, INC.**FILED**
Mar 21, 2017
Secretary of State
CC0973869733**Current Principal Place of Business:**C/O JOYCE MYERS
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:**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**03/21/2017**

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 | LE-WENDLING, LINDA |
| Address | 2103 NW 23RD TR |
| City-State-Zip: | GAINESVILLE FL 32605-3837 |

| | |
|-----------------|----------------------|
| Title | RR |
| Name | COBB, DANIELLE |
| Address | 2243 SW 41ST LN |
| 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 |

| | |
|-----------------|-------------------|
| Title | MEMBER AT LARGE |
| Name | GARCIA, ROSEMARIE |
| Address | 4107 W DALE AVE |
| City-State-Zip: | TAMPA FL 33609 |

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****03/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date