

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

Full Legal Name of Service Provider: Florida Society of Anesthesiologists, Inc. (FSA)

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): \_\_\_\_\_

Address of Service Provider: 2810 - C Industrial Plaza Dr., Tallahassee, FL 32301

Name of Agent Designated to Receive Notification of Claimed Infringement: Susan Cabrera c/o FSA

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): 2810 - C Industrial Plaza Dr., Tallahassee, FL 32301

Telephone Number of Designated Agent: 850-656-4263

Facsimile Number of Designated Agent: 850-656-3038

Email Address of Designated Agent: executiveoffice@fshq.org;

Signature of Officer or Representative of the Designating Service Provider: Susan@fshq.org  
Date: 4/22/09

Typed or Printed Name and Title: Kari Glisson, Executive Director

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.**

SCANNED 05 13 - 2009

