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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **731241** **(6)**

1. Corporation Name

FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS, INC.

Principal Place of Business	Mailing Address
222 S. WESTMONTE DR. #101 ALTAMONTE SPRINGS FL 32714 US	P.O. BOX 150127 ALTAMONTE SPRINGS FL 32715 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1974
3a. Date of Last Report: 04/22/1994
4. FEI Number: 51-0191642 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KAUTTER, TINA
222 S. WESTMONTE DR. #101
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	MENNELLA, ANTHONY	1.2 NAME	
STREET ADDRESS	4327 S.W. 80TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	V ☒ Change ☐ Addition
NAME	HEMP, EVELYN	2.2 NAME	CARLSON, TIM
STREET ADDRESS	9909 N.W. 59TH PLACE	2.3 STREET ADDRESS	625 QUINTANA PI NE
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	SD	3.1 TITLE	S/D ☒ Change ☐ Addition
NAME	STACY, JOHN	3.2 NAME	KIRBY, AMY
STREET ADDRESS	101 E. FLORIDA AVE.	3.3 STREET ADDRESS	2135 SW 72nd STREET
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	RYAN, SEAN	4.2 NAME	
STREET ADDRESS	8944 SONOMA LAKE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	D ☒ Change ☐ Addition
NAME	PORTER, LESLIE	5.2 NAME	BAST, STEPHEN
STREET ADDRESS	509 FRANKLYN AVE	5.3 STREET ADDRESS	3795 FLINTWOOD ROAD
CITY-ST-ZIP	INDIALANTIC FL	5.4 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	MD	6.1 TITLE	M ☒ Change ☐ Addition
NAME	KAUTTER, TINA	6.2 NAME	
STREET ADDRESS	222 S. WESTMONTE DR. #101	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARTINE KAUTTER Martine E. Kautter 4/25/95 (407) 774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0691003