

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002711

FILED
Feb 21, 2011
Secretary of State

Entity Name: FLORIDA HEALTH PROFESSIONS ASSOCIATION, INC.

Current Principal Place of Business:

1600 SW ARCHER ROAD
GAINESVILLE, FL 326100185

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100185
GAINESVILLE, FL 326100185

New Mailing Address:

FEI Number: 59-3563965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNE, ANDREA M
101 S. NEWELL DRIVE
SUITE 4108
GAINESVILLE, FL 326100185 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: PERRI, MICHAEL G PHD
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185 US

Title: DV
Name: BAUER, RUSSELL M PHD
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185

Title: STD
Name: SAPIENZA, CHRISTINE PH.D
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185

Title: D
Name: GUZICK, DAVID S MD
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185

Title: D
Name: POPPELL, ED
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185

Title: D
Name: ASHKANAZI, GLENN S PHD
Address: 101 S. NEWELL DRIVE, , STE. 4101
City-St-Zip: GAINESVILLE, FL 326100185

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: ANDREA M. BURNE

DIR

02/21/2011

Electronic Signature of Signing Officer or Director

Date