

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731241

Entity Name: FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS, INC.

Current Principal Place of Business:

222 S. WESTMONTE DR. #111
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

222 S. WESTMONTE DR. #111
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 51-0191642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WENHOLD, DAVE
222 S. WESTMONTE DR. #111
ALTAMONTE SPRINGS, FL 32714 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: DAVE WENHOLD

03/27/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SALAHSHOR, SUSAN
Address 208 LARKIN PLACE, #101
City-State-Zip: ST. JOHNS FL 32259

Title VP
Name GOUGH, MICHELLE K
Address 5108 NW 106TH AVE
City-State-Zip: DORAL FL 33178

Title CEO
Name WENHOLD, DAVE
Address 222 S WESTMONTE DRIVE STE 111
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. ED
Name THOMPSON, KATHY
Address 222 S. WESTMONTE DR. #111
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title IMMEDIATE PAST PRESIDENT
Name CALLAWAY BURNS, KATE
Address 3005 W. SAN MIGUEL ST.
City-State-Zip: TAMPA FL 33629

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: KATHY THOMPSON

ASST. ED

03/27/2018

Electronic Signature of Signing Officer/Director Detail

Date