

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 731241

Entity Name: FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS, INC.

Current Principal Place of Business:

851 S STATE RD 434
STE. 1070 - 308
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

851 S STATE RD 434
STE. 1070 - 308
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 51-0191642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JERIDO, LOLITA
851 S STATE RD 434
STE. 1070 - 308
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: LOLITA JERIDO

05/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WRIGHT, VERNON
Address 1532 SE ROYAL GREEN CIRCLE
 101
City-State-Zip: PORT SAINT LUCIE FL 34952

Title EXECUTIVE DIRECTOR
Name JERIDO, LOLITA
Address 851 S STATE RD 434
 STE. 1070 - 308
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TREASURER
Name COLE, DEBRA
Address 1545 COPPERFIELD CIRCLE
City-State-Zip: TALLAHASSEE FL 32312

Title VP
Name GRUCHOW, TERRY
Address 190 ASHLEY LANE
City-State-Zip: OLDSMAR FL 34677

Title IMMEDIATE PAST PRESIDENT
Name NUCCIO, MICHAEL
Address 1813 BRIDGEMONT TRAIL
City-State-Zip: TALLAHASSEE FL 32312

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: LOLITA JERIDO

EXECUTIVE DIRECTOR

05/21/2020

Electronic Signature of Signing Officer/Director Detail

Date