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	NATURE: DAVE WENHOLD				02/11/2019
	Electronic Signature of Re	gistered Agent			Date
Officer/Director Detail :					
Title	PRESIDENT		Title	VP	
Name	NUCCIO, MICHAEL		Name	GOUGH, MICHELLE K	
Address	675 CHIPOLA DRIVE		Address	21020 WOODSPRING AVENUE	
City-State-Zip:	MARIANNA FL 32448		City-State-Zip:	BOCA RATON FL 33178	
Title	CEO		Title	ASST. ED	
Name	WENHOLD, DAVE		Name	THOMPSON, KATHY	
Address	222 S WESTMONTE DRIVE	STE 111	Address	222 S. WESTMONTE DR. #111	
City-State-Zip:	ALTAMONTE SPRINGS	FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 327	'14
Title	IMMEDIATE PAST PRESIDENT				
Name	SALAHSHOR, SUSAN				
Address	208 LARKIN PLACE #101				
City-State-Zip:	ST. JOHNS FL 32259				

2019 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:**

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

02/11/2019 ASSISTANT EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

FILED Feb 11, 2019 **Secretary of State** 3306888741CC

Date