

**2022 FLORIDA NOT FOR PROFIT CORPORATION 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

02/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title PRESIDENT  
Name WATSON, CHRISTOPHER  
Address 5923 AUGUSTINE DR  
City-State-Zip: PACE FL 32571Title VP  
Name SCHATUPAK-ZERNITSKY, NICOLE  
Address 8876 WILLOW COVE LANE  
City-State-Zip: LAKE WORTH FL 33467Title EXECUTIVE DIRECTOR  
Name JERIDO, LOLITA  
Address 851 S STATE RD 434  
STE. 1070 - 308  
City-State-Zip: ALTAMONTE SPRINGS FL 32714Title IMMEDIATE PAST PRESIDENT  
Name WRIGHT, VERNON  
Address 1532 SE ROYAL GREEN CIRCLE  
101  
City-State-Zip: PORT SAINT LUCIE FL 34952Title PRESIDENT ELECT  
Name GRUCHOW, TERRY F.  
Address 15463 SANTA POLA DR  
City-State-Zip: WIMAUMA FL 33598Title SECRETARY  
Name STANTON, AMANDA  
Address 7788 MOUNT RANIER DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

*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, PSYD

EXECUTIVE DIRECTOR

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date