2021 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

Name and Address of Current Registered Agent:

JERIDO, LOLITA 851 S STATE RD 434 STE. 1070 - 308 ALTAMONTE SPRINGS, FL 32714 US FILED Sep 07, 2021 Secretary of State 9994678825CC

Certificate of Status Desired: No

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	E: LOLITA JERIDO		(09/07/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	WATSON, CHRISTOPHER	Name	SCHTUPAK-ZERNITSKY, NICOLE	=
Address	5923 AUGUSTINE DR	Address	8876 WILLOW COVE LANE	
City-State-Zip:	PACE FL 32571	City-State-Zip:	LAKE WORTH FL 33467	
Title	EXECUTIVE DIRECTOR	Title	IMMEDIATE PAST PRESIDENT	
Name	JERIDO, LOLITA	Name	WRIGHT, VERNON	
Address	851 S STATE RD 434 STE. 1070 - 308	Address	1532 SE ROYAL GREEN CIRCLE 101	
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	PORT SAINT LUCIE FL 34952	
Title	TREASURER			
Name	WELSH, LISA			
Address	9301 SW 174 STREET			
City-State-Zip:	PALMETTO BAY FL 33157			

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 09/07/2021

Electronic Signature of Signing Officer/Director Detail