

**2020 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

01/16/2020

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

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

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

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

*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

ED

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date