

2017 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. #101
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

222 S. WESTMONTE DR. #101
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 51-0191642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAUTTER, TINA
222 S. WESTMONTE DR. #101
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CALLAWAY, KATIE
Address 3005 W SAN MIGUEL ST
City-State-Zip: TAMPA FL 33629

Title VP
Name GOUGH, MICHELLE K
Address 5108 NW 106TH AVE
City-State-Zip: DORAL FL 33178

Title CEO
Name WENHOLD, DAVE
Address 222 S WESTMONTE DRIVE STE 101
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ED
Name KAUTTER, TINA
Address 222 S. WESTMONTE DR. #101
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title IMMEDIATE PAST PRESIDENT
Name REGO, GEORGE
Address 14451 ALICO RD
City-State-Zip: FT MYERS FL 33913

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: TINA KAUTTER

EXECUTIVE DIRECTOR

03/24/2017

Electronic Signature of Signing Officer/Director Detail

Date