

2014 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	TD
Name	CALLAWAY, KATIE
Address	9520 NW 11TH ST
City-State-Zip:	PLANTATION FL 33322
Title	PED
Name	GUZMAN, NELSON A
Address	8359 BEACON BLVD #312
City-State-Zip:	FT MYERS FL 33907
Title	IPPD
Name	MORALES, RICARDO E
Address	600 N CATTLEMAN RD #220
City-State-Zip:	SARASOTA FL 34232

Title	PD
Name	KOTUN, DAVE E
Address	12901 BRUCE B DOWNS BLVD
City-State-Zip:	TAMPA FL 33612
Title	ED
Name	KAUTTER, TINA
Address	222 S. WESTMONTE DR. #101
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: TINA KAUTTER

EXECUTIVE DIRECTOR

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date