

2013 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 ETTARI, MARY P
Address 12863 S INDIAN RIVER DRIVE
City-State-Zip: JENSEN BEACH FL 34957

Title VPD
Name DIAMOND, JAMIE B
Address 859 JEFFERY ST #310
City-State-Zip: BOCA RATON FL 33487

Title PD
Name MORALES, RICARDO E
Address 600 N CATTLEMAN RD #220
City-State-Zip: SARASOTA FL 34232

Title IPPD
Name ALONSO, DAYNE
Address 7265 SW 89TH ST #311
City-State-Zip: MIAMI FL 33156

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

01/24/2013

Electronic Signature of Signing Officer/Director Detail

Date