## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002504

Entity Name: AMERICAN ASSOCIATION OF SURGICAL PHYSICIAN

**ASSISTANTS INC** 

**Current Principal Place of Business:** 

2501 CHATHAM RD SUITE N

SPRINGFIELD, IL 62704

## **Current Mailing Address:**

7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 US

FEI Number: 63-0797410 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC 7901 4TH ST N #300 ST PETERSBURG, FL 33702 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

FILED Mar 01, 2024

**Secretary of State** 

6812569398CC

## Officer/Director Detail:

Title DIRECTOR Title PRESIDENT

NameSHERER, ERINNameHOLLAND, MARGARETAddress7901 4TH ST N STE 300Address7901 4TH ST N STE 300

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY Title TREASURER

NameGUERIN, SARANameVICTORIAN, VERONICAAddress7901 4TH ST N STE 300Address7901 4TH ST N STE 300City-State-Zip:ST. PETERSBURG FL 33702City-State-Zip:ST. PETERSBURG FL 33702

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: MARGARET HOLLAND

**PRESIDENT** 

03/01/2024