

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002504

FILED
Jan 09, 2015
Secretary of State
CC2080511234

Entity Name: AMERICAN ASSOCIATION OF SURGICAL PHYSICIAN ASSISTANTS INC

Current Principal Place of Business:

365 JOY HAVEN DRIVE
SEBASTIAN, FL 32958

Current Mailing Address:

P.O. BOX 781688
SEBASTIAN, FL 32978 UN

FEI Number: 63-0797410

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KOTRBA, LINDA
1933 SE CHELTENHAM ST.
PORT ST. LUCIE, FL 32983 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 IMMED. PAST PRES.
Name SAMMARTANO, ROBERT
Address 44 DOGWOOD LANE
City-State-Zip: PLEASANTVILLE NY 10570

Title PRESIDENT
Name GAINES, CATHERINE
Address 1608 N. ELM STREET
City-State-Zip: LUMBERTON NC 28359

Title SECRETARY/TREASURER
Name NIGAM, ERIKA
Address 710 EAST 7TH ST.
SUITE 413
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR OF MARKETING
Name SIMONS, GERALD
Address 38A WOODED OAK LANE
City-State-Zip: EAST HAMPTON NY 11937

Title PRESIDENT-ELECT
Name ADAMS, DONALD
Address 18714 COURTLAND ESTATES
City-State-Zip: SAN ANTONIO TX 78258

Title DAL
Name THURSTON, BRITTNAY
Address 5159 STIRRUP LANE
City-State-Zip: MT. PLEASANT MI 48858

Title DIRECTOR OF EDUCATION
Name SHERER, ERIN
Address 600 W. 165TH STREET
APT. 3D
City-State-Zip: NEW YORK NY 10032

Title CEO
Name KOTRBA, LINDA
Address 1933 SE CHELTENHAM ST.
City-State-Zip: PORT ST LUCIE FL 34983

Continues on page 2

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: LINDA G KOTRBA

CEO

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR OF INFORMATION TECHNOLOGY
Name SZYMCZAK, CAREY
Address 117 TIMBER RIDGE DR
City-State-Zip: BADEN PA 15005

Title CSPS REPRESENTATIVE
Name CONSTANTINE, ROY DR.
Address 42 TAMAR DRIVE
City-State-Zip: VALLEY COTTAGE NY 10989

Title CSPS REPRESENTATIVE
Name VETROSKY, DANIEL
Address 1078 CHANDELLE LAKE DRIVE
City-State-Zip: PENSACOLA FL 32507