

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002504

FILED
Apr 03, 2020
Secretary of State
8394554348CC

Entity Name: AMERICAN ASSOCIATION OF SURGICAL PHYSICIAN ASSISTANTS INC

Current Principal Place of Business:

278 SW LAKE FOREST WAY
PORT ST LUCIE, FL 34986

Current Mailing Address:

278 SW LAKE FOREST WAY
PORT ST LUCIE, FLORIDA 34986 UN

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

Officer/Director Detail :

Title IMMED. PAST PRES.
Name VAN HORN, JONATHAN
Address 278 SW LAKE FOREST WAY
City-State-Zip: PORT SAINT LUCIE FL 34986

Title PRESIDENT
Name NIGAM, ERIKA
Address 3223 FOSTER AVE
City-State-Zip: BALTIMORE MD 21224

Title SECRETARY/TREASURER
Name SAMMARTANO, ROBERT
Address 44 DOGWOOD LANE
City-State-Zip: PLEASANTVILLE NY 10570

Title DIRECTOR OF MARKETING
Name SPEARIN, MEGAN
Address 523 LAKEVIEW AVENUE
City-State-Zip: BIRMINGHAM MI 48009

Title PRESIDENT-ELECT
Name SHERER, ERIN
Address 581 ACADEMY ST #5A
City-State-Zip: NEW YORK NY 10034

Title DIRECTOR OF EDUCATION
Name HOLLAND, MARGARET
Address 410 SOUTH MAPLE AVE #240
City-State-Zip: FALLS CHURCH VA 22046

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

Title CSPS REPRESENTATIVE
Name VAN HORN, JONATHAN DR.
Address 10920 NE HANCOCK
City-State-Zip: PORTLAND OR 97220

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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: ERIKA NIGAM

PRESIDENT

04/03/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CSPS REPRESENTATIVE
Name HOLLAND, MARGARET
Address 410 SOUTH MAPLE AVE
#240
City-State-Zip: FALLS CHURCH VA 22046