2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002504

Entity Name: AMERICAN ASSOCIATION OF SURGICAL PHYSICIAN

ASSISTANTS INC

Current Principal Place of Business:

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

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 Feb 14, 2023

Secretary of State

5838913348CC

Officer/Director Detail:

Title IMMED. PAST PRES. Title **DIRECTOR OF MARKETING**

Name VAN HORN, JONATHAN Name SPEARIN, MEGAN

Address 278 SW LAKE FOREST WAY Address **523 LAKEVIEW AVENUE** City-State-Zip: PORT SAINT LUCIE FL 34986 City-State-Zip: BIRMINGHAM MI 48009

Title DIRECTOR OF EDUCATION Title **DIRECTOR** HOLLAND, MARGARET Name SHERER, ERIN Name Address 7901 4TH ST N STE 300 Address 410 SOUTH MAPLE AVE

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

City-State-Zip: FALLS CHURCH VA 22046

Title CEO

Name KOTRBA, LINDA Name VAN HORN, JONATHAN DR.

Title

1933 SE CHELTENHAM ST. Address 10920 NE HANCOCK Address City-State-Zip: PORT ST LUCIE FL 34983 City-State-Zip: PORTLAND OR 97220

Title **PRESIDENT** Title **SECRETARY**

HOLLAND, MARGARET Name Name GUERIN, SARA

Address 7901 4TH ST N STE 300 Address 7901 4TH ST N STE 300 ST. PETERSBURG FL 33702 City-State-Zip:

City-State-Zip: ST. PETERSBURG FL 33702

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: HOLLAND, MARGARET

PRESIDENT

CSPS REPRESENTATIVE

02/14/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title TREASURER

Name VICTORIAN, VERONICA Address 7901 4TH ST N STE 300

City-State-Zip: ST. PETERSBURG FL 33702