

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002504

**FILED**  
**Jan 15, 2019**  
**Secretary of State**  
**7105551097CC**

**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:**

KOTRBA, LINDA  
278 SW LAKE FOREST WAY  
PORT ST. LUCIE, FL 32986 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

**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 KOTRBA**

**C**

**01/15/2019**

\_\_\_\_\_  
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