

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002711

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC5420320059**

**Entity Name:** FLORIDA HEALTH PROFESSIONS ASSOCIATION, INC.

**Current Principal Place of Business:**

1600 SW ARCHER ROAD  
GAINESVILLE, FL 32610-0185

**Current Mailing Address:**

P.O. BOX 100185  
GAINESVILLE, FL 32610-0185

**FEI Number: 59-3563965**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BURNE, ANDREA M  
1225 CENTER DRIVE  
SUITE 4101  
GAINESVILLE, FL 32611 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 PD  
Name PERRI, MICHAEL GPHD  
Address 1225 CENTER DRIVE  
City-State-Zip: GAINESVILLE FL 32611

Title DV  
Name LATIMER, WILLIAM WPHD  
Address 1225 CENTER DRIVE  
City-State-Zip: GAINESVILLE FL 32611

Title STD  
Name SAPIENZA, CHRISTINE PH.D  
Address 1225 CENTER DRIVE  
City-State-Zip: GAINESVILLE FL 32611

Title D  
Name GUZICK, DAVID SMD  
Address 1225 CENTER DRIVE  
City-State-Zip: GAINESVILLE FL 32611

Title D  
Name REYNOLDS, CURTIS  
Address 1225 CENTER DRIVE  
City-State-Zip: GAINESVILLE FL 32611

Title D  
Name ASHKANAZI, GLENN SPHD  
Address 1225 CENTER DRIVE  
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR  
Name BURNE, ANDREA M  
Address 1225 CENTER DRIVE  
City-State-Zip: GAINESVILLE FL 32611

*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: ANDREA M BURNE**

**DIRECTOR**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date