

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002711

FILED
Jan 12, 2017
Secretary of State
CC8532068679

Entity Name: FLORIDA HEALTH PROFESSIONS ASSOCIATION, INC.

Current Principal Place of Business:

1225 CENTER DRIVE
SUITE 4101
GAINESVILLE, FL 32611

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:

ROVANSEK, KIMBERLY L
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: KIMBERLY L ROVANSEK

01/12/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PERRI, MICHAEL G PHD
Address 1225 CENTER DRIVE
City-State-Zip: GAINESVILLE FL 32611

Title VP
Name SMITH, GLENN PHD
Address 1225 CENTER DRIVE
City-State-Zip: GAINESVILLE FL 32611

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

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

Title DIRECTOR
Name ASHKANAZI, GLENN S PHD
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

Title SECRETARY
Name NITTROUER, SUSAN PHD
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

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date