

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 23, 2013
Secretary of State
CC8503023736

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

01/23/2013

Electronic Signature of Signing Officer/Director Detail

Date