

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002711

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC7391554861**

**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**

**01/16/2018**

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            HEATON, SHELLEY C 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 BURNE**

**DIRECTOR**

**01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date