

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731241 (6)
1. Corporation Name

FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS, INC.



Principal Place of Business: 222 S. WESTMONTE DR. #101, ALTAMONTE SPRINGS FL 32714 US
Mailing Address: P.O. BOX 150127, ALTAMONTE SPRINGS FL 32715 US

3. Date Incorporated or Qualified: 11/26/1974
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 51-0191642
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: KAUTTER, TINA, 222 S. WESTMONTE DR. #101, ALTAMONTE SPRINGS FL 32714
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: P NAME: MENNELLA, ANTHONY STREET ADDRESS: 4327 S.W. 80TH STREET CITY-ST-ZIP: GAINESVILLE FL	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: Hemp, Evelyn 1.3 STREET ADDRESS: 9909 NW 59th P 1.4 CITY-ST-ZIP: Gainesville, FL 32653	
TITLE: V NAME: CARLSON, TIM STREET ADDRESS: 625 QUINTANA PI NE CITY-ST-ZIP: ST PETERSBURG FL	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	
TITLE: SD NAME: KIRBY, AMY STREET ADDRESS: 2135 SW 72ND ST CITY-ST-ZIP: GAINESVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	
TITLE: TD NAME: RYAN, SEAN STREET ADDRESS: 8944 SONOMA LAKE BLVD. CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 324 N Lake Dr 4.4 CITY-ST-ZIP: Lantana, FL 33462	
TITLE: D NAME: BAST, STEPHEN STREET ADDRESS: 3795 FLINTWOOD RD CITY-ST-ZIP: PENSACOLA FL	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	
TITLE: M NAME: KAUTTER, TINA STREET ADDRESS: 222 S. WESTMONTE DR. #101 CITY-ST-ZIP: ALTAMONTE SPRINGS FL	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martine E. Kautter Martine E. Kautter 4/23/96 407-774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)