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NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

731241

(6)

22 S. WESTMONTE DR. #101 ALTAMONTE SPRINGS FL. 32714 US  2 Principal Place of Business 2 Principal Place of Business 3 Date Incorporated or Qualified 5 Date Incorporated or Qualified CS/01/1995  4 F. ET Morther 5 10/1974 CS/01/1995  2 Principal Place of Business 2 Suito, Act. #, etc. 3 Suito, Act. #, etc. 3 Suito, Act. #, etc. 4 Suito 3 Principal Place of Business 2 Principal Place of Business 2 Principal Place of Business 3 Suito, Act. #, etc. 4 Suito, Act. #, etc. 5 Suito, Act. #, etc. 6 Encision Caracipa Francis Fra	FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS, INC.								
ALTAMONTE SPRINGS FL 32715 US  ALTAMONTE SPRINGS FL 32715 US  2. AMONTE ACTUAL SPRINGS FL 32715  3. Disto incorporated of Outside Actual Spring Francing  3. Disto incorporated of Outside Actual Spring Francing  3. Country  3. Country  3. Country  3. Country  3. Country  3. Country  4. Fig. Number of Status Desired   \$8.75 Additional Francing  5. Country  4. Fig. Number of Status Desired   \$8.75 Additional Francing  5. Country  5. Country  6. Electron Carmanging Francing  5. Country  6. Electron Carmanging Francing  5. Country  7. In Fig. Country  8. This componition has biselity for industry for the project of the proj	Principal Plac	e of Business	Mailing Address			T SUBINI IDAKA NIBERNIKAN NUNIK DIDUK			
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Acquisited For   A	ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL			L 32715					
Surface April 4, etc.    Surface April 4, etc.   Shift) April 42   Shift) April 42   Surface						11/26/1974			
Subsect   Subs	_	Place of Business							Applied For
27	L	# etc	<del></del>			51-0191642			
City & State    City & State   City & State   28	22		<del></del>		5. Certificate of Status Desired				
Added to Fees   Part	City & Sta	te			6. Election Campaign Financing				
20	23		28						
28		<del>  </del>	<del></del>	_ `		8. This corporation has liability for in	itangible tax i		
KAUTTER, TINA 222 S. WESTMONTE DR. #101 ALTAMONTE SPRINGS FL 32714  82 Street Address IP.O. Box Number is Not Acceptable)  83 Street Address IP.O. Box Number is Not Acceptable)  84 Cny FL 85 Zp Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, florida Statutes, the above-nermed corporation submits this statement for the purpose of changing its registered office or registered agend, or both, in the State of Florida Such change was authorized by the comporation's board of directors 1 hereby accept the appointment as registered agend. I am national with, and accept the obligations of Section 617,0509, Florida Statutes.  SIGNATURE  Tax OF FICERS AND DRECTORS  12. OF FICERS AND DRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DRECTORS IN 12  TILL OFFICERS AND DRECTORS IN 13 STREET ADDRESS TO OFFICERS AND DRECTORS IN 12  TILL OFFICERS AND DRECTORS IN 13 STREET ADDRESS TO OFFICERS AND DRECTORS IN 12  TILL OFFICERS AND DRECTORS IN 14 STREET ADDRESS TO OFFICERS AND DRECTORS IN 12  TILL OFFICERS AND DRECTORS IN 14 STREET ADDRESS TO OFFICERS AND DRECTORS IN 12  TILL OFFICERS AND DRECTORS IN 14 STREET ADDRESS TO OFFICERS AND DRECTORS IN 12  TILL OFFICERS AND DRECTORS IN 14 STREET ADDRESS TO OFFICERS AND DRECTORS IN 12  TILL OFFICERS AND DRECTORS IN 14 STREET ADDRESS TO OFFICERS AND DRECTORS IN 12  TILL OFFICERS AND DRECTORS IN 12  TO D DELETE IN 15 STREET ADDRESS IN 14 STREET ADDRESS IN						Florida Statutes	] Yes 🗌 N	0	
KAUTTER, TINA   222 S. WESTMONTE DR. ≠101   ALTAMONTE SPRINGS FL 32714   58		5. Name and Address of Curren	t negistered Agent	81	Namo	10. Name and Address of New Re	gistered Ag	ent	
ALTAMONTE DR. #101 ALTAMONTE SPRINGS FL 32714  84	KALITT	ED TIMA							
ALTAMONTE SPRINGS FL 32714    83	222 S. WESTMONTE DR. #101			[82]	Street Add	ress (P.O. Box Number is Not Acceptable	3)		
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutas, the above-named corporation submits this statement for the purpose of changing its registered difficence. Thereby accept the appointment as registered agent, or both, in the State of Founds, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of the purpose of change agent. I am number of the purpose of changing its registered agent. I am number of the purpose of changing its registered agent. I am number of change agent in the number of the purpose of the purpose of the appointment as registered agent. I am number of the purpose of the				83					
The 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 familiar with, and accept the objections of Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office familiar with, and accept the objections of Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SUPPLY SECTION OFFICERS AND DIRECTORS  13.	- W- 17 WY	orre or rando re der ra							
11. Pursuant to the provisions of Sections 617.0502 and 617.1502. Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Station of Florida. Such change was submits the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statuties.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PUBLIFIE  1.1 TITLE  PUBLIFIE  PUBLIFIE  1.1 TITLE  PUBLIFIE  PUBLIF				1 1	·				
Signature   Figure	11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above na	med corpoi	ration submits this statement for the purp	<del></del> -	ing its re	agistered office
12.		rea again, at all ottate of high	a. Such change was authorized	by the corpor	ration's boa	rd of directors. I hereby accept the appoil	ntment as re	gistered	agent. I am
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   17.   17	SIGNATURE								
TITLE	12				igrature require				
MENNELLA, ANTHONY   12 NAME		· · · · · · · · · · · · · · · · · · ·			<del></del>	ADDITIONS/CHANGES TO OFFIC			
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quelte for the exemption stated in Capital 14.0 Aziotat. Sixth Opinion 14.0 Aziotat. Sixt			17						
certify that the information indicated on this angular record or any largest plantally for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	14. I do hereb	y certify that the information supplied w	rith this filing is voluntarily furnishe	ed and does n	RIP LISTA FO	or the exemption stated in Section 110.03	Mantha Chada	Chatra	

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:

Mather | National Statutes |