

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32715-0127 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1974	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 51-0191642	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KAUTTER, TINA 222 S. WESTMONTE DR. #101 ALTAMONTE SPRINGS FL 32714				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMP, EVELYN	1.2 NAME	Byrnes, John Jr
STREET ADDRESS	9909 NW 59TH PLACE	1.3 STREET ADDRESS	531 Versailles Dr #210
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Maitland FL 32751
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, TIM	2.2 NAME	Parvin, Benjamin
STREET ADDRESS	625 QUINTANA PI NE	2.3 STREET ADDRESS	916 Plymouth Ct NE
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	Palm Bay FL 32905
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, AMY	3.2 NAME	Gerbert, Deborah
STREET ADDRESS	2135 SW 72ND ST	3.3 STREET ADDRESS	101 Abalone Ln W
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, SEAN	4.2 NAME	Kingsley, Kevin
STREET ADDRESS	324 NORTH LAKE DRIVE	4.3 STREET ADDRESS	9536 Lingwood Tr
CITY-ST-ZIP	LANTANA FL	4.4 CITY-ST-ZIP	Orlando FL 32817
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAST, STEPHEN	5.2 NAME	
STREET ADDRESS	3795 FLINTWOOD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUTTER, TINA	6.2 NAME	
STREET ADDRESS	222 S. WESTMONTE DR. #101	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)