

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 11 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>222 S. WESTMONTE DR. #101 ALTAMONTE SPRINGS FL 32714 US</b>	Mailing Address <b>P.O. BOX 150127 ALTAMONTE SPRINGS FL 32715 US</b>
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3. Date incorporated or Qualified  
**11/26/1974**

4. FEI Number <b>51-0191642</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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
85	Zip Code

**FL**

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	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BYRNER, JOHN J</b>	1.2 NAME	<b>Ettari, Mary</b>
STREET ADDRESS	<b>531 VERSAILLES DR., #210</b>	1.3 STREET ADDRESS	<b>1831 Cherry Terr</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>	1.4 CITY-ST-ZIP	<b>Jensen Beach FL 34957</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARVIN, BENJAMIN</b>	2.2 NAME	
STREET ADDRESS	<b>916 PLYMOUTH CT. N.E.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERBERT, DEBORAH</b>	3.2 NAME	
STREET ADDRESS	<b>101 ABALONE LANE W</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINGSLEY, KEVIN</b>	4.2 NAME	
STREET ADDRESS	<b>9536 LINGWOOD TR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAST, STEPHEN</b>	5.2 NAME	<b>Cary, James</b>
STREET ADDRESS	<b>3795 FLINTWOOD RD</b>	5.3 STREET ADDRESS	<b>1023 Clemson Cr</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	5.4 CITY-ST-ZIP	<b>Panama City FL 32405</b>
TITLE	<b>M</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAUTTER, TINA</b>	6.2 NAME	
STREET ADDRESS	<b>222 S. WESTMONTE DR. #101</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Ettari, Mary</b>
1.3 STREET ADDRESS	<b>1831 Cherry Terr</b>
1.4 CITY-ST-ZIP	<b>Jensen Beach FL 34957</b>
2.1 TITLE	<b>PE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Cary, James</b>
5.3 STREET ADDRESS	<b>1023 Clemson Cr</b>
5.4 CITY-ST-ZIP	<b>Panama City FL 32405</b>
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 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.

SIGNATURE:  **TINA KAUTTER** 04-30-98 (407) 7747880

CP2E037 (10/97)