

FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90302 009 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



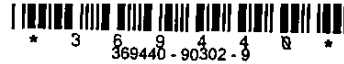
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 731241

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/26/1974	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	51-0191642	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ETTARI, MARY	1.2 NAME	Blevins, Wayne
STREET ADDRESS	1831 CHERRY TERRACE	1.3 STREET ADDRESS	187 N Bayshore Drive
CITY-ST-ZIP	JENSEN BEACH FL 34957	1.4 CITY-ST-ZIP	Eastpoint FL 32328
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARVIN, BENJAMIN	2.2 NAME	
STREET ADDRESS	916 PLYMOUTH CT. N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERBERT, DEBORAH	3.2 NAME	Mittan, Jayne
STREET ADDRESS	101 ABALONE LANE W	3.3 STREET ADDRESS	11398 Buck Lake Rd
CITY-ST-ZIP	PONTE VEDRA BEACH FL	3.4 CITY-ST-ZIP	Tallahassee FL 32311
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	KINGSLEY, KEVIN	4.2 NAME	
STREET ADDRESS	9536 LINGWOOD TR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	CARY, JAMES	5.2 NAME	
STREET ADDRESS	1023 CLEMSON CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	5.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	6.1 TITLE	
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 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, with all other like empowered.

SIGNATURE: Tina Kautter *[Signature]* 4/16/99 407-774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)