

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90015 044 \*\*\*\*61.25

**DOCUMENT # 731241**

1. Entity Name

**FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS, INC.**

Principal Place of Business

Mailing Address

222 S. WESTMONTE DR. #101  
 ALTAMONTE SPRINGS FL 32714  
 US

P.O. BOX 150127  
 ALTAMONTE SPRINGS FL 32715  
 US

817357



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**51-0191642**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAUTTER, TINA**  
 222 S. WESTMONTE DR. #101  
 ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PE  Delete  
 NAME: BLEVINS, WAYNE  
 STREET ADDRESS: 187 N. BAYSHORE DR  
 CITY-ST-ZIP: E.POINT FL 32328

TITLE: PP/D  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: SD  Delete  
 NAME: MITTAN, JAYNE  
 STREET ADDRESS: 11398 BUCK LK RD  
 CITY-ST-ZIP: TALLAHASSEE FL 32311

TITLE: PE/D  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: TD  Delete  
 NAME: KINGSLEY, KEVIN  
 STREET ADDRESS: 9536 LINGWOOD TR  
 CITY-ST-ZIP: ORLANDO FL

TITLE: P/D  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: D  Delete  
 NAME: CARY, JAMES  
 STREET ADDRESS: 1023 CLEMSON CIRCLE  
 CITY-ST-ZIP: PANAMA CITY FL 32405

TITLE: P  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: 2816 Woodmere Dr  
 CITY-ST-ZIP: Panama City FL 32405

TITLE: M  Delete  
 NAME: KAUTTER, TINA  
 STREET ADDRESS: 222 S. WESTMONTE DR. #101  
 CITY-ST-ZIP: ALTAMONTE SPRINGS FL

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tina Kautter

3/14/01

407-774-7880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)