

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731241

FILED
Mar 26, 2009
Secretary of State

Entity Name: FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

222 SOUTH WESTMONTE DR
SUITE 101
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

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

FEI Number: 51-0191642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, ERIC S
Address: 1827 SPRINGWOOD CIR S
City-St-Zip: CLEARWATER, FL 33763

Title: PPD () Delete
Name: FUNK, MICHAEL
Address: 5638 DEWBERRY WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VPD () Delete
Name: BAILEY, R. KEITH
Address: 2944 SUNSET POINT RD
City-St-Zip: CLEARWATER, FL 33759

Title: ED () Delete
Name: KAUTTER, TINA
Address: 222 S. WESTMONTE DR. #101
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: TD () Delete
Name: MORALES, RICARDO E
Address: 7911 UMBRELLA PINE WAY
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCOLLAUM, MARC
Address: 8655 IBIS COVE CIR
City-St-Zip: NAPLES, FL 34119

Title: PED (X) Change () Addition
Name: BURNS, GREGORY L
Address: 1380 SW 82ND TERR #726
City-St-Zip: PLANTATION, FL 33324

Title: VPD (X) Change () Addition
Name: GRABOWSKI, TIMOTHY
Address: 13332 BRISTOL PARK WAY
City-St-Zip: FORT MYERS, FL 33913

Title: ED (X) Change () Addition
Name: KAUTTER, TINA
Address: 222 S. WESTMONTE DR. #101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA KAUTTER

ED

03/26/2009

Electronic Signature of Signing Officer or Director

Date