

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731241

FILED
Mar 28, 2011
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 S. WESTMONTE DR. #101
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

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: TD
Name: ETTARI, MARY P
Address: 12863 S INDIAN RIVER DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: PD
Name: ALONSO, DAYNE
Address: 2496 CENTERGATE DR #206
City-St-Zip: MIRAMAR, FL 33025

Title: VPD
Name: DIAMOND, JAMIE B
Address: 859 JEFFERY ST #310
City-St-Zip: BOCA RATON, FL 33487

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

Title: PED
Name: MORALES, RICARDO E
Address: 600 N CATTLEMAN RD #220
City-St-Zip: SARASOTA, FL 34232

I hereby 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 all other like empowered.

SIGNATURE: TINA KAUTTER

ED

03/28/2011

Electronic Signature of Signing Officer or Director

Date