

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731241

FILED  
Feb 20, 2012  
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

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date