

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002417

FILED
Apr 30, 2011
Secretary of State

Entity Name: ASSOCIATION OF NEUROSURGICAL PHYSICIAN ASSISTANTS INC

Current Principal Place of Business:

11700 N 58TH STREET
SUITE B
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

PO BOX 17781
TAMPA, FL 33682

New Mailing Address:

FEI Number: 26-0354433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOCUS-ED
11700 N 58TH STREET
SUITE B
TAMPA, FL 33617 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: PRES
Name: BLACK, DAVID L
Address: 575 MAYTOWN ROAD
City-St-Zip: ELIZABETHTOWN, NJ 17022

Title: PP
Name: HLAVIN, JOSEPH A
Address: 2457 NEWARK CIRCLE
City-St-Zip: COLLEGE STATION, TX 77845

Title: PE
Name: BEARDSLEY, JOSHUA J
Address: 7506 THORN CREEK LANE
City-St-Zip: TEGA CAY, SC 29708

Title: TRES
Name: JORDAN, DAMON M
Address: 64 AUTUMN DRIVE
City-St-Zip: POLAND, ME 04274

Title: SECT
Name: NIDO, MICHAEL F
Address: 3213 INDIA WILKES PLACE
City-St-Zip: CHARLOTTE, NC 28270

Title: ED
Name: EASTER, SUSAN M
Address: 11700 N 58TH STREET, SUITE B
City-St-Zip: TEMPLE TERRACE, FL 33617

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: SUSAN EASTER

D

04/30/2011

Electronic Signature of Signing Officer or Director

Date