

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90025 002 ****70.00

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1. Entity Name
**AMERICAN ASSOCIATION OF SURGICAL PHYSICIAN
ASSISTANTS INC**



Principal Place of Business
**4267 NW FEDERAL HWY
PMB 201
JENSEN BEACH, FL 34957**

Mailing Address
**4267 NW FEDERAL HWY
PMB 201
JENSEN BEACH, FL 34957**

2. Principal Place of Business (No P.O. Box #)

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062007 Chg-NP CR2E037 (12/06)

4. FEI Number
63-0797410

Applied For
Not Applicable

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

**KOTRBA, LINDA
618 HOWARD CREEK LANE
STUART, FL 34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda Kotrba **LINDA KOTRBA**

2/6/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **KOTRBA, LINDA**
STREET ADDRESS **618 HOWARD CREEK LANE**
CITY-ST-ZIP **STUART, FL 34994**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **MAHAFFY, H. WILLIAM**
STREET ADDRESS **P.O. BOX 459**
CITY-ST-ZIP **RIVERSIDE, PA 17868**

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Daniel Vetrosky**
CITY-ST-ZIP **1078 Chandelle Lake Drive
Pensacola, FL 32507**

TITLE **P** ☒ Delete
NAME **MILLS, PAUL**
STREET ADDRESS **108 COLUMBIA DRIVE, APT 1B**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE ☒ Change ☐ Addition
NAME **President-Elect**
STREET ADDRESS **David Dewald**
CITY-ST-ZIP **1612 Brynmar Circle
Tyler, TX 75703**

TITLE **T** ☐ Delete
NAME **VETROSKY, DAN**
STREET ADDRESS **1504 SPRINGHILL AVE, RM 4410**
CITY-ST-ZIP **MOBILE, AL 36604**

TITLE ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Jerry Simons**
CITY-ST-ZIP **384 Wooded Oak Lane
East Hampton, NY 11937**

TITLE **D** ☐ Delete
NAME **SAMMARTANO, ROBERT**
STREET ADDRESS **44 DOGWOOD LANE**
CITY-ST-ZIP **PLEASANTVILLE, NY 10570**

TITLE ☐ Change ☒ Addition
NAME **Director-at-Large**
STREET ADDRESS **Catharine Gaines**
CITY-ST-ZIP **1608 N. Elm Street
Lumberton, NC 28359**

TITLE **D** ☐ Delete
NAME **GRAY, DANA**
STREET ADDRESS **5750 SW RIVER ROAD**
CITY-ST-ZIP **HILLSBORO, OR 97123**

TITLE ☐ Change ☒ Addition
NAME **Director-at-Large**
STREET ADDRESS **John Mack**
CITY-ST-ZIP **13 Tamidan Rd
Poughkeepsie, NY 12601**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Linda Kotrba **LINDA KOTRBA**

2/6/07

866-844-4880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #