2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002504

FILED Jaņ 0<u>8, 2</u>008 Secretary of State

Entity Name: AMERICAN ASSOCIATION OF SURGICAL PHYSICIAN ASSISTANTS INC

Current Principal Place of Business: New Principal Place of Business:

4267 NW FEDERAL HWY PMB 201 JENSEN BEACH, FL 34957

New Mailing Address: Current Mailing Address:

4267 NW FEDERAL HWY PMB 201 JENSEN BEACH, FL 34957

FEI Number: 63-0797410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOTRBA, LINDA 618 HOWARD CREEK LANE STUART, FL 34994

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:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete KOTRBA, LINDA Name: 618 HOWARD CREEK LANE Address:

City-St-Zip: STUART, FL 34994

Title: () Delete VETROSKY, DANIEL Name:

Address: 1078 CHANDELLE LAKE DRIVE City-St-Zip: PENSACOLA, FL 32507

TYLER, TX 75703

Title: () Delete DEWALCH, DAVID Name: 1612 BRUNMAR CIRCLE Address:

Title: () Delete Name: SIMONS, JERRY Address: 384 WOODED OAK LANE City-St-Zip: EAST HAMPTON, NY 11937

Title: () Delete SAMMARTANO, ROBERT Name: 44 DOGWOOD LANE Address: City-St-Zip: PLEASANTVILLE, NY 10570

Title: () Delete GRAY, DANA Name: Address: 5750 SW RIVER ROAD HILLSBORO, OR 97123 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

KOTRBA, LINDA Name:

Address: 618 HOWARD CREEK LANE

City-St-Zip: STUART, FL 34994

Title: **PRES** (X) Change () Addition

Name: VETROSKY, DANIEL

Address: 1078 CHANDELLE LAKE DRIVE City-St-Zip: PENSACOLA, FL 32507

Title: (X) Change () Addition

DEWALCH, DAVID Name: Address: 1612 BRYNMAR CIRCLE City-St-Zip: **TYLER. TX 75703**

(X) Change () Addition Title:

Name: SIMONS, JERRY

Address: 38A WOODED OAK LANE City-St-Zip: EAST HAMPTON, NY 11937

Title: (X) Change () Addition

SAMMARTANO, ROBERT Name: 44 DOGWOOD LANE Address: City-St-Zip: PLEASANTVILLE, NY 10570

Title: (X) Change () Addition

GRAY DANA Name: Address: 5750 SW RIVER ROAD HILLSBORO, OR 97123 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: LINDA KOTRBA ED 01/08/2008