

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002504

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** AMERICAN ASSOCIATION OF SURGICAL PHYSICIAN ASSISTANTS INC

**Current Principal Place of Business:**

4267 NW FEDERAL HWY  
PMB 201  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

4267 NW FEDERAL HWY  
PMB 201  
JENSEN BEACH, FL 34957

**New Mailing Address:**

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

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

KOTRBA, LINDA  
618 HOWARD CREEK LANE  
STUART, FL 34994 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: ED ( ) Delete  
Name: KOTRBA, LINDA  
Address: 618 HOWARD CREEK LANE  
City-St-Zip: STUART, FL 34994

Title: PRES ( ) Delete  
Name: VETROSKY, DANIEL  
Address: 1078 CHANDELLE LAKE DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: PE ( ) Delete  
Name: DEWALCH, DAVID  
Address: 1612 BRYNMAR CIRCLE  
City-St-Zip: TYLER, TX 75703

Title: T ( ) Delete  
Name: SIMONS, JERRY  
Address: 38A WOODED OAK LANE  
City-St-Zip: EAST HAMPTON, NY 11937

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES (X) Change ( ) Addition  
Name: DEWALCH, DAVID  
Address: 1612 BRYNMAR CIRCLE  
City-St-Zip: TYLER, TX 75703

Title: PE (X) Change ( ) Addition  
Name: SAMMARTANO, ROBERT  
Address: 44 DOGWOOD LANE  
City-St-Zip: PLEASANTVILLE, NY 10570

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SHERER, ERIN  
Address: 3904 TODD STREET  
City-St-Zip: MIDLAND, MI 48642

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date