

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002504

FILED
Feb 09, 2012
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF SURGICAL PHYSICIAN ASSISTANTS INC

Current Principal Place of Business:

365 JOY HAVEN DRIVE
SEBASTIAN, FL 32958 UN

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 781688
SEBASTIAN, FL 32978 UN

New Mailing Address:

FEI Number: 63-0797410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOTRBA, LINDA
798 NW 4TH AVENUE
WILLISTON, FL 32696 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: DAL
Name: VANHORN, JON
Address: 501 N. GRAHAM #501
City-St-Zip: PORTLAND, OR 97220

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

Title: PE
Name: BIEDENBACH, AMY
Address: 498 CEDRIC WAY
City-St-Zip: EVANS, GA 30809

Title: T
Name: THRESS, RANDY
Address: P.O. BOX 10124
City-St-Zip: BRADENTON, FL 34282

Title: S
Name: GORDON, ERIKA
Address: 75 WEST END AVE, APT. P2G
City-St-Zip: NEW YORK, NY 10023

Title: DAL
Name: SIMONS, GERALD
Address: 38 A WOODED OAK LANE
City-St-Zip: EAST HAMPTON, NY 11937

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: LINDA G. KOTRBA

ED

02/09/2012

Electronic Signature of Signing Officer or Director

Date