

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2012
Secretary of State

Entity Name: ASSOCIATION OF PHYSICIAN ASSISTANTS IN PSYCHIATRY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

PO BOX 17824
TAMPA, FL 33682

New Mailing Address:

FEI Number: 35-2399107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: P
Name: SOMERS, JAY
Address: 3315 E RUSSELL ROAD, SUITE A-4, #410
City-St-Zip: LAS VEGAS, NV 89120

Title: DT
Name: COMBS, GLEN
Address: 7212 MCCONNELL DRIVE
City-St-Zip: KERNERSVILLE, NC 27284

Title: VP
Name: WATERS, TRAVIS
Address: 35 TANNER PKWY
City-St-Zip: CANON CITY, CO 81212

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

Title: D
Name: JUDD, CATHERINE
Address: 5201 HARRY HINES BLVD.
City-St-Zip: DALLAS, TX 75235

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

EXD

04/30/2012

Electronic Signature of Signing Officer or Director

Date