

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N21916** (4)

1. Corporation Name

**FLORIDA COLLEGE OF PHYSICIAN ASSISTANTS, INC.**



Principal Place of Business

Mailing Address

9750 NW 33RD STREET  
SUITE 209  
CORAL SPRINGS FL 33065

9750 NW 33RD STREET  
SUITE 209  
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified  
**08/06/1987**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4691 N. UNIVERSITY DR**

26 **4691 N. UNIVERSITY DR**

4. FEI Number  
**65-0013223**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**SUITE 470**

27 Suite, Apt. #, etc.  
**SUITE 470**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 City & State  
**CORAL SPRINGS FL**

28 City & State  
**CORAL SPRINGS FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip  
**33067**

Country

29 Zip  
**33067**

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINCIGUERRA, EUGENE  
7577 NW 50TH COURT  
CORAL SPRINGS FL 33067

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **VINCIGUERRA, EUGENE**  
CITY-ST-ZIP **7577 NW 50TH COURT**  
**CORAL SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **COPELAND, DORIE**  
CITY-ST-ZIP **7400 STIRLING ROAD #823**  
**HOLLYWOOD FL 33024**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **TD**  
STREET ADDRESS **O'MALLEY, JOHN**  
CITY-ST-ZIP **8810 NW 77TH COURT #168**  
**TAMARAC FL 33321**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**TD**  
**PUSTORINO, ANTHONY**  
**3912 S. OCEAN BLVD**  
**HIGHLAND BEACH FL 33487**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **E Vinciguerra / DR EUGENE VINCIGUERRA 4/1/96** 954 344/662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)