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May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
4691 N UNIVERSITY DR STE 470 CORAL SPRINGS FL 33067 US
4691 N UNIVERSITY DR STE 470 CORAL SPRINGS FL 33067-4620 US

3. Date Incorporated or Qualified 08/06/1987
3a. Date of Last Report 04/22/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 65-0013223 Applied For Not Applicable
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

9. Name and Address of Current Registered Agent
VINCIGUERRA, EUGENE
7577 NW 50TH COURT
CORAL SPRINGS FL 33067
10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	[] Change [] Addition
NAME	PUSTORINO, ANTHONY	1.2 NAME	
STREET ADDRESS	3912 S. OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	[] Change [] Addition
NAME	VINCIGUERRA, EUGENE	2.2 NAME	
STREET ADDRESS	7577 NW 50TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	[] Change [] Addition
NAME	PUSTORINO, ANTHONY	3.2 NAME	
STREET ADDRESS	3912 S OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL	3.4 CITY-ST-ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Eugene Vinciguerra
PRESIDENT
Date: 5/19/97 Daytime Phone # 0026370

CR2E037 (9/96)