


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90030 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N21916					
1. Corporation Name FLORIDA COLLEGE OF PHYSICIAN ASSISTANTS, INC.					
Principal Place of Business 4691 N UNIVERSITY DR STE 470 CORAL SPRINGS FL 33067 US			Mailing Address 4691 N UNIVERSITY DR STE 470 CORAL SPRINGS FL 33067 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 4630 N UNIVERSITY DR.		08/06/1987	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 470		65-0013223	
24 Zip		29 33067		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 reinstating)

DATE

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

14. I 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, with all other like empowered.

SIGNATURE: Eugene VinciguerraSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DR EUGENE VINCIGUERRA

4/24/99

Date

Daytime Phone #

CR2E037 (1/198)