

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003393

FILED
Mar 26, 2010
Secretary of State

Entity Name: FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS FOUNDATION, INC.

Current Principal Place of Business:

222 S WESTMONTE DR., STE. 101
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

222 S WESTMONTE DR., STE. 101
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3526721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUTTER, MARTINE E
222 SOUTH WESTMONTE DR., STE. 101
ALTAMONTE SPRINGS, FL 32714 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: PD
Name: MCCOLLAUM, MARC
Address: 8655 IBIS COVE CIR
City-St-Zip: NAPLES, FL 34119

Title: D
Name: ZARRANZ, ROBERT S
Address: 3650 COLONIAL COURT #329
City-St-Zip: FT MYERS, FL

Title: TD
Name: MORALES, RICARDO
Address: 7911 UMBRELLA PINE WAY
City-St-Zip: SARASOTA, FL 34241

Title: ED
Name: KAUTTER, MARTINE E
Address: 222 S. WESTMONTE DR., STE 101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: BURNS, GREGORY L
Address: 1380 SW 82ND TERR #726
City-St-Zip: PLANTATION, FL 33324

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: MARTINE E KAUTTER

ED

03/26/2010

Electronic Signature of Signing Officer or Director

Date