2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2011
Secretary of State

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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: TRAN, TOM
Address: 1501 US HWY 441 N STE 1401
City-St-Zip: THE VILLAGES, FL 32159

Title: TD
Name: ETTARI, MARY P
Address: 12863 S INDIAN RIVER DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: PE
Name: MORALES, RICARDO
Address: 600 N CATTLEMAN RD #220
City-St-Zip: SARASOTA, FL 34232

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

Title: IPP
Name: BURNS, GREGORY L
Address: 9520 NW 11TH ST
City-St-Zip: PLANTATION, FL 33322

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 03/28/2011

Electronic Signature of Signing Officer or Director — Date