

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 731241

Entity Name: FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS, INC.

**FILED
Sep 07, 2021
Secretary of State
9994678825CC**

Current Principal Place of Business:

851 S STATE RD 434
STE. 1070 - 308
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

851 S STATE RD 434
STE. 1070 - 308
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 51-0191642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JERIDO, LOLITA
851 S STATE RD 434
STE. 1070 - 308
ALTAMONTE SPRINGS, FL 32714 US

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: LOLITA JERIDO

09/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WATSON, CHRISTOPHER
Address 5923 AUGUSTINE DR
City-State-Zip: PACE FL 32571

Title VP
Name SHTUPAK-ZERNITSKY, NICOLE
Address 8876 WILLOW COVE LANE
City-State-Zip: LAKE WORTH FL 33467

Title EXECUTIVE DIRECTOR
Name JERIDO, LOLITA
Address 851 S STATE RD 434
 STE. 1070 - 308
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title IMMEDIATE PAST PRESIDENT
Name WRIGHT, VERNON
Address 1532 SE ROYAL GREEN CIRCLE
 101
City-State-Zip: PORT SAINT LUCIE FL 34952

Title TREASURER
Name WELSH, LISA
Address 9301 SW 174 STREET
City-State-Zip: PALMETTO BAY FL 33157

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: LOLITA JERIDO

EXECUTIVE DIRECTOR

09/07/2021

Electronic Signature of Signing Officer/Director Detail

Date