

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731241

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

**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**

**04/05/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRUCHOW, TERRY F.  
Address        851 S STATE RD 434  
                  STE. 1070 - 308  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            VP  
Name            SCHTUPAK-ZERNITSKY, NICOLE  
Address        851 S STATE RD 434  
                  STE. 1070 - 308  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title            PRESIDENT ELECT  
Name            ADILI, JOSHUA DR.  
Address        851 S STATE RD 434  
                  STE. 1070 - 308  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            SECRETARY  
Name            RODRIGUEZ, MELISSA  
Address        851 S STATE RD 434  
                  STE. 1070 - 308  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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**

**04/05/2023**

Electronic Signature of Signing Officer/Director Detail

Date