

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731241

**FILED  
Mar 24, 2017  
Secretary of State  
CC4076027973**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

222 S. WESTMONTE DR. #101  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 51-0191642**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KAUTTER, TINA  
222 S. WESTMONTE DR. #101  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CALLAWAY, KATIE  
Address        3005 W SAN MIGUEL ST  
City-State-Zip: TAMPA FL 33629

Title            VP  
Name            GOUGH, MICHELLE K  
Address        5108 NW 106TH AVE  
City-State-Zip: DORAL FL 33178

Title            CEO  
Name            WENHOLD, DAVE  
Address        222 S WESTMONTE DRIVE STE 101  
City-State-Zip: ALTAMONTE SPRINGS      FL 32714

Title            ED  
Name            KAUTTER, TINA  
Address        222 S. WESTMONTE DR. #101  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            IMMEDIATE PAST PRESIDENT  
Name            REGO, GEORGE  
Address        14451 ALICO RD  
City-State-Zip: FT MYERS FL 33913

*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: TINA KAUTTER**

**EXECUTIVE DIRECTOR**

**03/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date