

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731241

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC3639545667**

**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 TD  
Name CALLAWAY, KATIE  
Address 9520 NW 11TH ST  
City-State-Zip: PLANTATION FL 33322

Title PD  
Name KOTUN, DAVE E  
Address 12901 BRUCE B DOWNS BLVD  
City-State-Zip: TAMPA FL 33612

Title PED  
Name GUZMAN, NELSON A  
Address 8359 BEACON BLVD #312  
City-State-Zip: FT MYERS FL 33907

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

Title IPPD  
Name MORALES, RICARDO E  
Address 600 N CATTLEMAN RD #220  
City-State-Zip: SARASOTA FL 34232

*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**

**01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date