

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 731241

Entity Name: FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS, INC.

FILED
Jul 08, 2024
Secretary of State
7910704994CC

Current Principal Place of Business:

14 LIVE OAK ST
A-10
GULF BREEZE, FL 32561

Current Mailing Address:

382 NE 191ST ST
MIAMI, FL 33179 US

FEI Number: 51-0191642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRETT, PAUL
14 LIVE OAK ST
A-10
GULF BREEZE, FL 32561 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: PAUL BARRETT

07/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STANTON, AMANDA
Address 382 NE 191ST ST
City-State-Zip: MIAMI FL 33179

Title SECRETARY
Name RODRIGUEZ, MELISSA
Address 382 NE 191ST ST
City-State-Zip: MIAMI FL 33179

Title EXECUTIVE DIRECTOR
Name CLEVELAND, KENNETH
Address 382 NE 191ST ST
City-State-Zip: MIAMI FL 33179

Title PRESIDENT ELECT
Name MANGALI, REBECCA
Address 382 NE 191ST ST
City-State-Zip: MIAMI FL 33179

Title SECRETARY
Name RODRIGUEZ, MELISSA
Address 382 NE 191ST ST
City-State-Zip: MIAMI FL 33179

Title TREASURER
Name FELIX, HEIDI
Address 382 NE 191ST ST
City-State-Zip: MIAMI FL 33179

Title VP
Name JROLF, CHERRI
Address 382 NE 191ST ST
City-State-Zip: MIAMI FL 33179

Title IMMEDIATE PAST PRESIDENT
Name ADILI, JOSHUA
Address 382 NE 191ST ST
City-State-Zip: MIAMI FL 33179

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: KENNETH CLEVELAND

EXECUTIVE DIRECTOR

07/08/2024

Electronic Signature of Signing Officer/Director Detail

Date