

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731241

FILED
Jan 08, 2015
Secretary of State
CC8751778813

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 635 LUZON AVE
City-State-Zip: TAMPA FL 33606

Title IPPD
Name KOTUN, DAVE E
Address 17834 CRYSTAL PRESERVE DR
City-State-Zip: LUTZ FL 33548

Title PD
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 PED
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

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date