

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731241

FILED
Feb 20, 2024
Secretary of State
2586695691CC

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

02/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ADILI, JOSHUA
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

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 STANTON, AMANDA
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

Title TREASURER
Name FELIX, HEIDI
Address 851 S STATE RD 434
 STE. 1070 - 308
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title IMMEDIATE PAST PRESIDENT
Name GRUCHOW, TERRY
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

02/20/2024

Electronic Signature of Signing Officer/Director Detail

Date