

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731241

**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 PAST PRESIDENT  
Name CALLAWAY, KATIE  
Address 635 LUZON AVE  
City-State-Zip: TAMPA FL 33606

Title VP  
Name CLARK, CHRISTINA F  
Address 5507B PINE ISLAND ROAD  
City-State-Zip: BOKEELIA FL 33922

Title PAST PRESIDENT  
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 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**

**03/30/2016**

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

\_\_\_\_\_  
Date