

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
- 1997



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734514 (3)

1. Corporation Name

THE FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF E
MERGENCY PHYSICIANS, INC.

Principal Place of Business

Mailing Address

3717 SOUTH CONWAY RD.
ORLANDO FL 32812-7807

3717 SOUTH CONWAY RD.
ORLANDO FL 32812-7807



3. Date Incorporated or Qualified
12/04/1975

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUNNER, BETH
3717 S. CONWAY RD.
ORLANDO FL 32812-7807

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROHLWING, HARVEY
STREET ADDRESS 3717 S. CONWAY RD.
CITY-ST-ZIP ORLANDO FL 32812

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME SHEDD, JOHN
STREET ADDRESS 3717 S. CONWAY RD.
CITY-ST-ZIP ORLANDO FL 32812

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME VUKICH, DAVID
STREET ADDRESS 3717 S. CONWAY RD.
CITY-ST-ZIP ORLANDO FL 32812

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME BRUNNER, BETH
STREET ADDRESS 3717 S. CONWAY RD.
CITY-ST-ZIP ORLANDO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME STIMLER, JOHN
STREET ADDRESS 3717 S. CONWAY ROAD
CITY-ST-ZIP ORLANDO FL 32812

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017241

CR2E037 (9/96)