

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734514

FILED
Jan 22, 2008
Secretary of State

Entity Name: THE FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, INC.

Current Principal Place of Business:

3717 SOUTH CONWAY RD.
ORLANDO, FL 328127607

New Principal Place of Business:

Current Mailing Address:

3717 SOUTH CONWAY RD.
ORLANDO, FL 328127607

New Mailing Address:

FEI Number: 23-7147400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNNER, BETH
3717 S. CONWAY RD.
ORLANDO, FL 328127607 US

Name and Address of New Registered Agent:

NASH, CYNTHIA
3717 S. CONWAY RD.
ORLANDO, FL 328127607 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: CYNTHIA NASH

01/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIEGEL, DAVID
Address: 3717 S CONWAY ROAD
City-St-Zip: ORLANDO, FL 32812

Title: ED () Delete
Name: BRUNNER, BETH
Address: 3717 S. CONWAY RD.
City-St-Zip: ORLANDO, FL 32812

Title: VP () Delete
Name: HOBBS, LARRY M
Address: 3717 S CONWAY ROAD
City-St-Zip: ORLANDO, FL 32812

Title: VPD () Delete
Name: ZAPPA, MICHAEL Y
Address: 3718 S CONWAY ROAD
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOBBS, LARRY
Address: 3717 S CONWAY ROAD
City-St-Zip: ORLANDO, FL 32812

Title: ED (X) Change () Addition
Name: NASH, CYNTHIA
Address: 3717 S. CONWAY RD.
City-St-Zip: ORLANDO, FL 32812

Title: VP (X) Change () Addition
Name: PAGE, ERNEST
Address: 3717 S CONWAY ROAD
City-St-Zip: ORLANDO, FL 32812

Title: VPD (X) Change () Addition
Name: GRABER, MYLISSA
Address: 3718 S CONWAY ROAD
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY HOBBS

P

01/22/2008

Electronic Signature of Signing Officer or Director

Date