

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 856996 (4)

1. Corporation Name

AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES, INC.



Principal Place of Business

Mailing Address

4890 W. KENNEDY BLVD.  
SUITE 200  
TAMPA FL 33609

4890 W. KENNEDY BLVD.  
SUITE 200  
TAMPA FL 33609

3. Date Incorporated or Qualified  
07/01/1983

3a. Date of Last Report  
07/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

54-1032555

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHENKE, ROGER S  
4890 W. KENNEDY BLVD  
SUITE 200  
TAMPA FL 33609

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input type="checkbox"/> DELETE
NAME	LETOURNEAU, BARBARA	
STREET ADDRESS	1305 PINKURST AVE	
CITY-ST-ZIP	ST PAUL MN 55116	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLOOMBERG, MARK A	
STREET ADDRESS	333 WYMAN ST	
CITY-ST-ZIP	WALTHAM MA 02254	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DOYNE, MARK A MD FACP	
STREET ADDRESS	8300 W PARKER RD	
CITY-ST-ZIP	PLANO TX 75073	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICARDSON, JAMES M	
STREET ADDRESS	2039 HARPER ST	
CITY-ST-ZIP	EL CERRITO CA 94530	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LEDFORD, FRANK F., LTG	
STREET ADDRESS	7620 NW LOOP 410	
CITY-ST-ZIP	SAN ANTONIO TX 78228	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, JOHN A	
STREET ADDRESS	720 WESTVIEW DR SW	
CITY-ST-ZIP	ATLANTA GA 30310	

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DALE S. BENSON MD	
2.3 STREET ADDRESS	1701 NORTH SENATE BLVD.	
2.4 CITY-ST-ZIP	INDIANAPOLIS IN 46206	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RANDY S. ELLIS, MD	
4.3 STREET ADDRESS	5423 BEATTIE'S FORD RD	
4.4 CITY-ST-ZIP	CHARLOTTE NC 28216	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN M LUDDEN MD	
5.3 STREET ADDRESS	10 BROOKLINE PLACE WEST	
5.4 CITY-ST-ZIP	BROOKLINE MA 02146	
6.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	3530 PIEDMONT RD, NE	
6.4 CITY-ST-ZIP	ATLANTA GA 30305	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Roger S. Schenke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

8/3 287-2000

Daytime Phone

CR2E037 (12/95)