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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856996 (4)

1. Corporation Name
AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES, INC.



Principal Place of Business 4890 W.KENNEDY BLVD. SUITE 200 TAMPA FL 33609	Mailing Address 4890 W.KENNEDY BLVD. SUITE 200 TAMPA FL 33609
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3. Date Incorporated or Qualified 07/01/1983	
4. FEI Number 54-1032555	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LETOURNEAU, BARBARA		1.2 NAME	
STREET ADDRESS 1305 PINHURST AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP ST PAUL MN		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DALE S. BENSON, MD.		2.2 NAME	
STREET ADDRESS 1701 NORTH SENATE BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP INDIANAPOLIS IN		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MADSHALL, RUFFIN J MD		3.2 NAME	
STREET ADDRESS 8120 WOOD MONT AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP BETHESDA MD		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STREVEY, TRACY J MD		4.2 NAME	
STREET ADDRESS 1509 WOODGATE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP FRONTENAC MD		4.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN M. LUDDEN, MD		5.2 NAME	
STREET ADDRESS 10 BROOKLINE PLACE, W		5.3 STREET ADDRESS	
CITY-ST-ZIP BROOKLINE MA		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MITCHELL, TONI M		6.2 NAME	
STREET ADDRESS 818 CHIPAWAY DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP APPOLLO BEACH FL		6.4 CITY-ST-ZIP	

ST
Randolph, Leonard M. Jr, MD
203 West Losley St.
Scott, AFB, IL

D
Wallace, Thomas E. MD, JD
30 Butternut Court
Towson City, TA.

VP

14. I 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.

CR2E037 (1097)