


FILE NOW: FILING FEE IS \$61.25

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Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90004 034 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856996
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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/01/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 54-1032555
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE S. BENSON, MD.	1.2 NAME	
STREET ADDRESS	1701 NORTH SENATE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, LEONARD M JR	2.2 NAME	
STREET ADDRESS	203 W LOSEY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTT AFB IL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, THOMAS E MD	3.2 NAME	
STREET ADDRESS	30 BUTTERNUT COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	IOWA CITY IA	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN M. LUDDEN, MD	4.2 NAME	
STREET ADDRESS	10 BROOKLINE PLACE, W	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLINE MA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, TONI M	5.2 NAME	
STREET ADDRESS	818 CHIPAWAY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	APPOLLO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED 116198 813-636-2800

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CR2E037 (11/98)