

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90135 047 \*\*\*\*61.25

**DOCUMENT # 856996**

1. Entity 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 33609-1870

00006104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**54-1032555**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DALE S. BENSON, MD.	
STREET ADDRESS	1701 NORTH SENATE BLVD.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RANDOLPH, LEONARD M JR	
STREET ADDRESS	203 W LOSEY ST	
CITY-ST-ZIP	SCOTT AFB IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, THOMAS E MD	
STREET ADDRESS	30 BUTTERNUT COURT	
CITY-ST-ZIP	IOWA CITY IA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHN M. LUDDEN, MD	
STREET ADDRESS	10 BROOKLINE PLACE, W	
CITY-ST-ZIP	BROOKLINE MA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, TONI M	
STREET ADDRESS	818 CHIPAWAY DRIVE	
CITY-ST-ZIP	APPOLLO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin E. Hickey, MD	
STREET ADDRESS	1531 Eagle Ridge Dr., NE	
CITY-ST-ZIP	Albuquerque, NM 87108	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth C. Cummings, MD	
STREET ADDRESS	The Nexus Group Inc, 9720 W 121st Terr	
CITY-ST-ZIP	Overland Park, KS 66213	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/00

Daytime Phone #

813 287-2000

CR2E037 (9/99)