

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90164 001 \*\*\*122.50

**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

40001



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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
TS	HICKEY, MARTIN E MD	1531 EEAGLE RIDGE DR NE	ALBUQUERQUE NM 87108	<input type="checkbox"/>	VP	Martin E Hickey			<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	RANDOLPH, LEONARD M JR	203 W LOSEY ST	SCOTT AFB IL	<input type="checkbox"/>	President	maj Gen Leonard Randolph Jr.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	WALLACE, THOMAS E MD	30 BUTTERNUT COURT	IOWA CITY IA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	JOHN M. LUDDEN, MD	10 BROOKLINE PLACE, W	BROOKLINE MA	<input checked="" type="checkbox"/>	Secretary / Treasurer	James E. Casanova	17790 Marschelle Dr.	Brookfield, WI 53045	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CUMMINGS, KENNETH C	9720 W 121ST TERR	OVERLAND PARK KS 66213	<input checked="" type="checkbox"/>	Director	Marilyn Szymialis Radke	PO Box 1230 E main st	marcato, MN 56002	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)