

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856996

FILED
Apr 20, 2005
Secretary of State

Entity Name: AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES, INC.

Current Principal Place of Business:

4890 W.KENNEDY BLVD.
SUITE 200
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4890 W.KENNEDY BLVD.
SUITE 200
TAMPA, FL 33609

New Mailing Address:

FEI Number: 54-1032555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RANSOM, SCOTT B DR
Address: UNIVERSITY OF MICHIGAN
City-St-Zip: ANN ARBOR, MI 48109

Title: VP () Delete
Name: KOLB, MARVIN O DR
Address: KERN MEDICAL CENTER
City-St-Zip: BAKERSFIELD, CA 93305

Title: S/T () Delete
Name: SILBAUGH, BARRY R DR
Address: CATHOLIC HEALTH INITIATIVES
City-St-Zip: ALBUQUERQUE, NM 87191

Title: D () Delete
Name: FREEMAN, SUSAN L DR
Address: ST. FRANCIS HOSPITAL AND MED CTR
City-St-Zip: HARTFORD, CT 06105

Title: EVP () Delete
Name: SCHENKE, ROGER
Address: AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BYRNE, FRANK D DR
Address: ST. MARY'S HOSPITAL MED CTR
City-St-Zip: MADISON, WI 53715

Title: P (X) Change () Addition
Name: KOLB, MARVIN O DR
Address: KERN MEDICAL CENTER
City-St-Zip: BAKERSFIELD, CA 93305

Title: VP (X) Change () Addition
Name: SILBAUGH, BARRY R DR
Address: CATHOLIC HEALTH INITIATIVES
City-St-Zip: ALBUQUERQUE, NM 87191

Title: ST (X) Change () Addition
Name: NUNN, CHALMERS M DR
Address: CENTRA HEALTH
City-St-Zip: LYNCHBURG, VA 24503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER S. SCHENKE

EVP

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date