

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856996

FILED
Jul 05, 2006
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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

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: PANE, GREGG A DR
Address: DISTRICT OF COLUMBIA DEPT OF HEALTH
City-St-Zip: WASHINGTON, DC 20002

Title: P (X) Change () Addition
Name: NUNN, CHALMERS M DR
Address: GASTROENTEROLOGY ASSOC OF CENTRAL VA
City-St-Zip: LYNCHBURG, VA 24502

Title: VP (X) Change () Addition
Name: SCHOENBAUM, STEPHEN C DR
Address: THE COMMONWEALTH FUND
City-St-Zip: NEW YORK, NY 10021

Title: ST (X) Change () Addition
Name: SHERRY, CYNTHIA S DR
Address: PRESBYTERIAN HOSPITAL OF DALLAS
City-St-Zip: DALLAS, TX 75231

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 Chapter 119, 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 SCHENKE

EVP

07/05/2006

Electronic Signature of Signing Officer or Director

Date