2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856996

FILED Apr 29, 2009 Secretary of State

Entity Name: AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES, INC.

Current Principal Place of Business: New Principal Place of Business:

400 NORTH ASHLEY DRIVE SUITE 400 TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

400 NORTH ASHLEY DRIVE SUITE 400 TAMPA, FL 33602

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHENKE, ROGER S
400 NORTH ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 US
SILBAUGH, BARRY R DR
400 NORTH ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 US
TAMPA, FL 33602 US

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

in the State of Florida.

SIGNATURE: BARRY R SILBAUGH 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: ST () Delete Title: VP (X) Change () Addition

Name: KAPLAN, ALAN S DR Name: KAPLAN, ALAN S DR

Address: EDWARD HOSPITAL AND HEALTH SERVICES Address: EDWARD HOSPITAL AND HEALTH SERVICES

City-St-Zip: NAPERVILLE, IL 60540 City-St-Zip: NAPERVILLE, IL 60540

Title: VP () Delete Title: P (X) Change () Addition

 Name:
 LEIDER, HARRY L DR
 Name:
 LEIDER, HARRY L DR

 Address:
 XLHEALTH
 Address:
 AMERITOX, LTD.

 City-St-Zip:
 BALTIMORE, MA 21201
 City-St-Zip:
 BALTIMORE, MA 21202

Title: P () Delete Title: ST (X) Change () Addition

Name:SHERRY, CYNTHIA S DRName:CALLAN, CLAIR M DRAddress:PRESBYTERIAN HOSPITAL OF DALLASAddress:CALLAN CONSULTINGCity-St-Zip:DALLAS, TX 75231City-St-Zip:LAKE FOREST, IL 60045

Title: EVP () Delete Title: CEO (X) Change () Addition

Name: SCHENKE, ROGER Name: SILBAUGH, BARRY R DR

Address: AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES Address: AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify 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: BARRY R SILBAUGH CEO 04/29/2009