

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90166 044 ****61.25

0044001

DOCUMENT # 856996

1. Entity Name

AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1032555**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANSOM, SCOTT	NAME	
STREET ADDRESS	528 COVINGTON	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48301	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLB, MARVIN	NAME	
STREET ADDRESS	1214 ELK RIVER CT	STREET ADDRESS	
CITY-ST-ZIP	BAKERSFIELD CA 93311	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLBURT, WARD	NAME	
STREET ADDRESS	5108-155TH PL SE	STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA 98006	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASANOVA, JAMES E	NAME	
STREET ADDRESS	17790 MARSEILLE DR.	STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI 53045	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDKE, MARILYN	NAME	Radke, Marilyn
STREET ADDRESS	2330 N PEACHTREE CT	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30338	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

REQUIRED

CR2E037 (10/02)