

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734514

Entity Name: THE FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS, INC.

Current Principal Place of Business:

3717 SOUTH CONWAY RD.
ORLANDO, FL 32812-7607

Current Mailing Address:

3717 SOUTH CONWAY RD.
ORLANDO, FL 32812-7607

FEI Number: 23-7147400

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUNNER, BETH
3717 S. CONWAY RD.
ORLANDO, FL 32812-7607 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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title MD, FACEP
Name BOOTH-NORSE, ASHLEY
Address 3717 SOUTH CONWAY RD.
City-State-Zip: ORLANDO FL 32812-7607

Title ED
Name BRUNNER, BETH
Address 3717 S. CONWAY RD.
City-State-Zip: ORLANDO FL 32812

Title VP
Name STEVEN , KAILES MD
Address 3717 SOUTH CONWAY RD.
City-State-Zip: ORLANDO FL 32812-7607

I hereby 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 all other like empowered.

SIGNATURE: BETH BRUNNER

EXECUTIVE DIRECTOR

02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date