

**2024 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:**

400 N WYMORE RD  
WINTER PARK, FL 32789

**Current Mailing Address:**

PO BOX 700608  
SAINT CLOUD, FL 34770 US

**FEI Number:** 23-7147400

**Certificate of Status Desired:** No

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

PALM, KIM  
400 N WYMORE RD  
WINTER PARK, FL 32789 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:** KIM PALM

02/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CELESTE, JORDAN MD, FACEP  
Address        400 N WYMORE RD  
City-State-Zip: WINTER PARK FL 32789

Title            CEO  
Name            KEAHEY, MELISSA  
Address        400 N WYMORE RD  
City-State-Zip: WINTER PARK FL 32789

Title            VP  
Name            JACKSON, SAUNDRA MD, FACEP  
Address        400 N WYMORE RD  
City-State-Zip: WINTER PARK FL 32789

*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:** MELISSA KEAHEY

CEO

02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date