

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734514

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

**FILED**  
**Jan 18, 2019**  
**Secretary of State**  
**6161804155CC**

**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	PRESIDENT	Title	EXECUTIVE DIRECTOR
Name	TYNDALL, JOSEPH ADRIAN MD, FACEP	Name	BRUNNER, BETH
Address	3717 SOUTH CONWAY RD.	Address	3717 S. CONWAY RD.
City-State-Zip:	ORLANDO FL 32812-7607	City-State-Zip:	ORLANDO FL 32812

Title	VP
Name	PATTANI, SANJAY MD, FACEP
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

CEO

01/18/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date