

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 856996

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC3575048629**

**Entity Name:** AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES, INC.

**Current Principal Place of Business:**

400 NORTH ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602

**Current Mailing Address:**

400 NORTH ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602

**FEI Number:** 54-1032555

**Certificate of Status Desired:** No

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

ANGOOD, PETER B MD  
400 NORTH ASHLEY DRIVE  
SUITE 400  
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.*

**SIGNATURE:** PETER B ANGOOD MD

04/28/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST CHAIR  
Name WERNER, MARK J MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title PRESIDENT, CEO  
Name ANGOOD, PETER B MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title CHAIRMAN  
Name ASMAR, HODA MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name SMITH, JACK MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name CASPERSON, WILLIAM DR.  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name KNIGHT, NAPOLEON DR.  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title SECRETARY, TREASURER, CFO  
Name BRACKMAN, ROSEMARY  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name SLONIM, ANTHONY DR.  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

**Continues on page 2**

*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:** PETER ANGOOD

PRESIDENT/CEO

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LACE, DANIEL DR.  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name MARCO, ALAN DR.  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name BURTON, BRET MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name POLK, JAMES DR.  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name CLAPPER, LAURA MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name JOLISSAINT, GREG MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602