

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856996

FILED
May 24, 2016
Secretary of State
CC0256136524

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

05/24/2016

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

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

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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

CEO

05/24/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title TREASURER
Name MARTIN, MICHELLE A
Address 400 N. ASHLEY DRIVE
SUITE 400
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name SHAW, HOWARD 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 SECRETARY
Name ZETTERSTROM, HANS
Address 400 N ASHELY DRIVE
SUITE 400
City-State-Zip: TAMPA FL 33602

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

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