

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 856996

**FILED**  
**Jan 29, 2013**  
**Secretary of State**  
**CC1416184478**

**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

01/29/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title PRESIDENT  
Name RIDDLES, LAWRENCE MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

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

Title SECRETARY, TREASURER  
Name HELMER, LYNN MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

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

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

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

Title DIRECTOR  
Name LAZARUS, ARTHUR MD  
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 B ANGOOD MD

CEO

01/29/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

Title DIRECTOR  
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 SIKKA, VERONICA MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602