

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731036

FILED  
Apr 18, 2005  
Secretary of State

**Entity Name:** FLORIDA CHAPTER, AMERICAN COLLEGE OF SURGEONS, INC.

**Current Principal Place of Business:**

2589 PARK STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

2589 PARK STREET  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 59-6141084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARVEY, ROBERT J  
2589 PARK STREET  
JACKSONVILLE, FL 32204 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PED ( ) Delete  
Name: COX, CHARLES E MD  
Address: 12902 MAGNOLIA DR  
City-St-Zip: TAMPA, FL 33612

Title: PD ( ) Delete  
Name: COX, CHARLES E MD  
Address: 12902 MAGNOLIA DR  
City-St-Zip: TAMPA, FL

Title: ED ( ) Delete  
Name: HARVEY, ROBERT J  
Address: 2589 PARK ST  
City-St-Zip: JACKSONVILLE, FL

Title: STD ( ) Delete  
Name: LYNN, RICHARD A MD  
Address: 1411 N FLAGLER DR # 9700  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PED (X) Change ( ) Addition  
Name: LYNN, RICHARD A MD  
Address: 1411 N FLAGLER DR #9700  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD (X) Change ( ) Addition  
Name: MOENNING, JOHN E MD  
Address: 610 E OLYMPIA AVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: ED (X) Change ( ) Addition  
Name: HARVEY, ROBERT J  
Address: 2589 PARK ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: STD (X) Change ( ) Addition  
Name: LOTTENBERG, LAWRENCE MD  
Address: UF PO BOX 100286  
City-St-Zip: GAINESVILLE, FL 32610

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT J HARVEY

ED

04/18/2005

Electronic Signature of Signing Officer or Director

Date