

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731036

FILED
Apr 18, 2006
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: LYNN, RICHARD A MD
Address: 1411 N FLAGLER DR #9700
City-St-Zip: WEST PALM BEACH, FL 33401

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/18/2006

Electronic Signature of Signing Officer or Director

Date