

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731036

FILED
Apr 11, 2008
Secretary of State

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

Current Principal Place of Business:

165 WELLS ROAD
#203
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

165 WELLS ROAD
#203
ORANGE PARK, FL 32073

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
165 WELLS ROAD
#203
ORANGE PARK, FL 32073 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: PD () Delete
Name: LYNN, RICHARD A MD
Address: 1411 N FLAGLER DR #9700
City-St-Zip: WEST PALM BEACH, FL 33401

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

Title: ED () Delete
Name: HARVEY, ROBERT J
Address: 165 WELLS ROAD #203
City-St-Zip: ORANGE PARK, FL 32073

Title: STD () Delete
Name: BLOCK, ERNEST F MD
Address: 1414 KUHLE AVENUE
City-St-Zip: ORLANDO, FL 32806

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 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

04/11/2008

Electronic Signature of Signing Officer or Director

Date