

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731036

FILED  
Apr 16, 2009  
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 KUHL AVENUE  
City-St-Zip: ORLANDO, FL 32806

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

Title: PD (X) Change ( ) Addition  
Name: LOTTENBERG, LAWRENCE MD  
Address: 1600 SW ARCHER RD.  
City-St-Zip: GAINESVILLE, FL 32610

Title: PED (X) Change ( ) Addition  
Name: BLOCK, ERNEST F MD  
Address: 1414 KUHL AVENUE  
City-St-Zip: ORLANDO, FL 32806

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

Title: STD (X) Change ( ) Addition  
Name: KILKENNY, III, JOHN W MD  
Address: 653-2 W 8TH ST.  
City-St-Zip: JACKSONVILLE, FL 32209

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 HARVE

ED

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date