

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731036

FILED
Feb 02, 2010
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:

653-2 W 8TH ST
DEPT OF SURGERY
JACKSONVILLE, FL 32209

Current Mailing Address:

165 WELLS ROAD
#203
ORANGE PARK, FL 32073

New Mailing Address:

653-2 W 8TH ST
DEPT OF SURGERY
JACKSONVILLE, FL 32209

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:

KILKENNY, III, JOHN W MD
653-2 W 8TH ST
DEPT OF SURGERY
JACKSONVILLE, FL 32209 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: JOHN W KILKENNY III, MD

02/02/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: PED
Name: BLOCK, ERNEST F MD
Address: 1317 OAK ST
City-St-Zip: MELBOURNE, FL 32901

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

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: JOHN W KILKENNY III, MD

STD

02/02/2010

Electronic Signature of Signing Officer or Director

Date