

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731036

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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:**

KILKENNY, III, JOHN W MD  
653-2 W 8TH ST  
DEPT OF SURGERY  
JACKSONVILLE, FL 32209 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  
Name: BLOCK, ERNEST F MD  
Address: 1317 OAK ST  
City-St-Zip: MELBOURNE, FL 32901

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

Title: STD  
Name: ALAN, PILLERSDORF MD  
Address: 1620 S CONGRESS AVE  
City-St-Zip: PALM SPRINGS, FL 33461

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: JENNIFER STARKEY, ASSISTANT EXECUTIVE DIR

MS

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date