

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 734514 (3)

1. Corporation Name  
**THE FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, INC.**

Principal Place of Business Mailing Address  
3717 SOUTH CONWAY RD. ORLANDO FL 32812-7607



3. Date Incorporated or Qualified 12/04/1975  
3a. Date of Last Report 04/20/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 23-7147400	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRUNNER, BETH 3717 S. CONWAY RD. ORLANDO FL 32812-7607				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCHELL, TONI M			1.2 NAME	Harvey Rohlwing		
STREET ADDRESS	3717 S. CONWAY RD.			1.3 STREET ADDRESS	3717 S. Conway Rd.		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	Orlando, FL 32812		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROHLWING, HARVEY M FACEP			2.2 NAME	John Shedd		
STREET ADDRESS	3717 S. CONWAY RD.			2.3 STREET ADDRESS	3717 S. Conway Road		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	Orlando, FL 32812		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEDD, JOHN M			3.2 NAME	David Vukich,		
STREET ADDRESS	3717 S. CONWAY RD.			3.3 STREET ADDRESS	3717 S. Conway Road		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	Orlando, FL 32812		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRUNNER, BETH			4.2 NAME	John Stimler		
STREET ADDRESS	3717 S. CONWAY RD.			4.3 STREET ADDRESS	3717 S. Conway Road		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	Orlando, FL 32812		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS	000001786670		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	-04/19/96--01015--010		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 4/1/96 407-281-7394  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E037 (12/95)