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Secretary of State

04-12-1999 90017 023 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 734514

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/04/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7147400	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHLWING, HARVEY	1.2 NAME	
STREET ADDRESS	3717 S. CONWAY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	1.4 CITY-ST-ZIP	
TITLE	VD DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEDD, JOHN	2.2 NAME	
STREET ADDRESS	3717 S. CONWAY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VUKICH, DAVID	3.2 NAME	
STREET ADDRESS	3717 S. CONWAY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNNER, BETH	4.2 NAME	
STREET ADDRESS	3717 S. CONWAY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIMLER, JOHN	5.2 NAME	
STREET ADDRESS	3717 S. CONWAY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED

4-1-99 407-281-7396
 Date Daytime Phone #

0017724

CR2E037 (11/98)