


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 734514**  
1. Entity Name  
**THE FLORIDA CHAPTER OF THE AMERICAN COLLEGE  
OF EMERGENCY PHYSICIANS, INC.**



Principal Place of Business  
**3717 SOUTH CONWAY RD.  
ORLANDO, FL 32812-7607**

Mailing Address  
**3717 SOUTH CONWAY RD.  
ORLANDO, FL 32812-7607**



01262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-7147400</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BRUNNER, BETH  
3717 S. CONWAY RD.  
ORLANDO, FL 32812-7607**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ-FERRAR, JORGE 3717 S CONWAY ROAD ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BRUNNER, BETH 3717 S. CONWAY RD. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TO DISKIN, ARTHUR 3717 SOUTH CONWAY ROAD ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIEGEL, DAVID M 3717 S CONWAY ROAD ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T HUBBS, LARRY 3717 S CONWAY ROAD ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZAPPA, MICHAEL Y 3718 S CONWAY ROAD ORLANDO, FL 32812

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IN THIS SPACE**

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02/09/06-80014-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the recipient or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Beth Brunner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/27/06* *407-291-7396*  
Date Daytime Phone #