# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2011**
**Secretary of State**

DOCUMENT# 734514

**Entity Name:** THE FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, INC.

**Current Principal Place of Business:**

3717 SOUTH CONWAY RD.
ORLANDO, FL 328127607

**New Principal Place of Business:**

**Current Mailing Address:**

3717 SOUTH CONWAY RD.
ORLANDO, FL 328127607

**New Mailing Address:**

**FEI Number: 23-7147400** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRUNNER, BETH
3717 S. CONWAY RD.
ORLANDO, FL 328127607 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: P
Name: CONELY, AMY
Address: 3717 S CONWAY ROAD
City-St-Zip: ORLANDO, FL 32812

Title: ED
Name: BRUNNER, BETH
Address: 3717 S. CONWAY RD.
City-St-Zip: ORLANDO, FL 32812

Title: VP
Name: FRIEDMAN, VIDOR
Address: 3717 S CONWAY ROAD
City-St-Zip: ORLANDO, FL 32812

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: BETH BRUNNER ED 04/13/2011
Electronic Signature of Signing Officer or Director — Date