2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90114 043 ****61.25

DOCUMENT # 751168

1. Entity Name

SOUTH FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF

Principal Place of Business	Mailing Address
537-B BURLINGTON ST OPA LOCKA FL 33054 US	PO BOX 540363 OPA LOCKA FL 33054-0363 US

822706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-7416597 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOUCK, BILL 537-B BURLINGTON STREET OPA LOCKA FL 33054	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SUAREZ, CARLOS A DR 7000 SW 62ND AVE., STE. 201 SOUTH MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Steven Wexner, M.D., FACS Cleveland Clinic Florida 3000 W Cypress Creek Road Ft. Lauderdale, FL 33309	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WEXNER, STEVEN MD 3000 W. CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST George Tershakovec, M.D., FACS 7000 SW 62 Avenue, #310 Miami, FL 33143	inge ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOUCK, BILL 537B BURLINGTON STREET OPA-LOCKA FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILL BOUCK 18126 NW 61st PLACE MIAMI, FL 33015	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WEXNER, STEVEN DR. 3000 W. CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST George Tershakovec, M.D., FACS 7000 SW 62 Avenue, #310 Miami, FL 33143	ge ☐ Addition
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CR2E037 (9/99)

12. 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 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 receiver 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: Bill Bouck REQUIRED BILL BOUCK 02/07/00 305-687-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #