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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 856996 (4)

1. Corporation Name
AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES, INC.

Principal Place of Business	Mailing Address
4890 W.KENNEDY BLVD. SUITE 200 TAMPA FL 33609	4890 W.KENNEDY BLVD. SUITE 200 TAMPA FL 33609-2575

3. Date Incorporated or Qualified: 07/01/1983
3a. Date of Last Report: 05/30/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 54-1032555 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHENKE, ROGER S
4890 W. KENNEDY BLVD
SUITE 200
TAMPA FL 33609

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	LETOURNEAU, BARBARA		1.2 NAME		
STREET ADDRESS	1305 PINHURST AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PAUL MN		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	DALE S. BENSON, MD.		2.2 NAME		
STREET ADDRESS	1701 NORTH SENATE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		2.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DOYNE, MARK A MD FACP		3.2 NAME	MADHANI Ruffin, JR, MD	
STREET ADDRESS	6300 W PARKER RD		3.3 STREET ADDRESS	8120 Wood Mont Ave	
CITY-ST-ZIP	PLANO TX		3.4 CITY-ST-ZIP	Bethesda, MD	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	RANDY S. ELLIS, MD		4.2 NAME	Tracy Strevey, JR MD	
STREET ADDRESS	5423 BEATTLE'S FORD RD		4.3 STREET ADDRESS	1509 Woodgate Drive	
CITY-ST-ZIP	CHARLOTTE N		4.4 CITY-ST-ZIP	Frontenac, MO	
TITLE	D	☐ DELETE	5.1 TITLE	ST	☒ Change ☐ Addition
NAME	JOHN M. LUDDEN, MD		5.2 NAME		
STREET ADDRESS	10 BROOKLINE PLACE, W		5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLINE MA		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	ANDERSON, JOHN A		6.2 NAME	Toni Mitchell, MD	
STREET ADDRESS	3530 PIEDMONT RD, NE		6.3 STREET ADDRESS	818 Chipaway Drive	
CITY-ST-ZIP	ATANTA GA		6.4 CITY-ST-ZIP	Capella Beach, FL	

CR2E037 (9/96)

14. I do 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.