

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856996

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES, INC.

## Current Principal Place of Business:

4890 W.KENNEDY BLVD.  
SUITE 200  
TAMPA, FL 33609

## New Principal Place of Business:

400 NORTH ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602

## Current Mailing Address:

4890 W.KENNEDY BLVD.  
SUITE 200  
TAMPA, FL 33609

## New Mailing Address:

400 NORTH ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602

FEI Number: 54-1032555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SCHENKE, ROGER S  
400 NORTH ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FABIOUS, RAYMOND DR  
Address: I-TRAX  
City-St-Zip: CHADDS FORD, PA 19317

Title: ST ( ) Delete  
Name: LEIDER, HARRY L DR  
Address: XLHEALTH  
City-St-Zip: BALTIMORE, MA 21201

Title: P (X) Delete  
Name: SCHOENBAUM, STEPHEN C DR  
Address: THE COMMONWEALTH FUND  
City-St-Zip: NEW YORK, NY 10021

Title: VP ( ) Delete  
Name: SHERRY, CYNTHIA S DR  
Address: PRESBYTERIAN HOSPITAL OF DALLAS  
City-St-Zip: DALLAS, TX 75231

Title: EVP ( ) Delete  
Name: SCHENKE, ROGER  
Address: AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition  
Name: KAPLAN, ALAN S DR  
Address: EDWARD HOSPITAL AND HEALTH SERVICES  
City-St-Zip: NAPERVILLE, IL 60540

Title: VP (X) Change ( ) Addition  
Name: LEIDER, HARRY L DR  
Address: XLHEALTH  
City-St-Zip: BALTIMORE, MA 21201

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: SHERRY, CYNTHIA S DR  
Address: PRESBYTERIAN HOSPITAL OF DALLAS  
City-St-Zip: DALLAS, TX 75231

Title: EVP (X) Change ( ) Addition  
Name: SCHENKE, ROGER  
Address: AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROGER S SCHENKE

EVP

04/30/2008

Electronic Signature of Signing Officer or Director

Date