

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002371

FILED
Oct 06, 2005
Secretary of State

Entity Name: AACE - FLORIDA STATE CHAPTER, INC.

Current Principal Place of Business:

4369 TAMIAMI TR, STE 100
CHARLOTTE HARBOR, FL 33980

New Principal Place of Business:

Current Mailing Address:

4369 TAMIAMI TR, STE 100
CHARLOTTE HARBOR, FL 33980

New Mailing Address:

FEI Number: 04-3610146 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RILEY-WALLACE, MARCIA
4369 TAMIAMI TR, STE 100
CHARLOTTE HARBOR, FL 33980 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: MARCIA RILEY-WALLACE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RILEY-WALLACE, MARCIA
Address: 4369 TAMIAMI TR, STE 100
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: P () Delete
Name: JANICK, JOHN J M.D.
Address: 4369 TAMIAMI TR, STE 100
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: VP () Delete
Name: ROBERTS, VICTOR L M.D.
Address: 100 W GORE ST #600
City-St-Zip: ORLANDO, FL 32806

Title: VD () Delete
Name: CONSTANT, ROBERT M.D.
Address: 1200 E HILLCREST ST 2ND FLOOR
City-St-Zip: ORLANDO, FL 32803

Title: S () Delete
Name: PACHERS, CARLOS MD
Address: 635 MAITLAND
City-St-Zip: MAITLAND, FL 32757

Title: T () Delete
Name: GLICKMAN, PENNY MD
Address: 635 MAITLAND
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARCIA RILEY-WALLACE

D

10/06/2005

Electronic Signature of Signing Officer or Director

Date