2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# N02000002371

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 (X)**

Name and Address of Current Registered Agent:

JANICK, JOHN J M.D.
4369 TAMIAMI TR, STE 100
CHARLOTTE HARBOR, FL 33980 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: JANICK, JOHN J M.D.
Address: 4369 TAMIAMI TRAIL, STE 100
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: VP
Name: CONSTANT, ROBERT M.D.
Address: 1200 E. HILLCREST STREET, 2ND FLOOR
City-St-Zip: ORLANDO, FL 32803

Title: VP
Name: PACHECO, CARLOS M.D.
Address: 635 MAITLAND AVENUE
City-St-Zip: MAITLAND, FL 32751

Title: T
Name: GLICKMAN, PENNY MD
Address: 635 MAITLAND AVE
City-St-Zip: MAITLAND, FL 32757

Title: S
Name: GLICKMAN, PENNY MD
Address: 635 MAITLAND
City-St-Zip: MAITLAND, FL 32751

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: JOHN J. JANICK, M.D., F.A.C.P., F.A.C.E. P 01/06/2010

Electronic Signature of Signing Officer or Director — Date