FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02644 (5)

1. Corporation Name
THE FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF P HYSICIANS, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~700 HOOVER DIKE RD. SUITE 202~~ CLEWISTON FL 33440 US	P. O. BOX 1196 CLEWISTON FL 33440-1196 US

3. Date Incorporated or Qualified: 04/19/1984
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2438448 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 644 Concordia	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Clewiston, FL	City & State 28
Zip 24 33440 Country 25 Hendry	Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALTUS, PHILIP 4 COLUMBIA DR. SUITE 630 TAMPA FL 33606	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D ☐ Change ☐ Addition
NAME	~~BORLAND JR., JAMES L.~~	1.2 NAME	Altus, Philip
STREET ADDRESS	~~1610 BARRS ST.~~	1.3 STREET ADDRESS	4 Columbia Dr Suite 630
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	~~STD~~	2.1 TITLE	STD ☐ Change ☐ Addition
NAME	ALTUS, PHILIP	2.2 NAME	Nord, H. Juergen
STREET ADDRESS	4 COLUMBIA DR., SUITE 630	2.3 STREET ADDRESS	4 Columbia Dr Suite 630
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	PGD	3.1 TITLE	D ☐ Change ☐ Addition
NAME	BORLAND, JAMES L J MD	3.2 NAME	Borland, James L Jr
STREET ADDRESS	1610 BARRS ST	3.3 STREET ADDRESS	1610 Barrs Street
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Philip Altus 1/21/95 (813) 251-7419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Philip Altus, MD, FACP, President

000070

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
THE FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF PHYSICIANS, INCORPORATED

DOCUMENT # N02644 (5)

Mailing Address
~~1772 FARMWAY~~
~~MIDDLEBURG FL 32068~~

Principal Place of Business
~~1772 FARMWAY~~
~~MIDDLEBURG FL 32068~~

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, key through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 04/19/1984
3a. Date of Last Report: 03/02/1993

2. Mailing Address
21 P. O. Box 1196
22 Suite, Apt. #, etc.
23 City & State: Clewiston FL
24 Zip: 33440-1196
25 County: Hendry

2a. Principal Place of Business
26 708 Hoover Dike Rd
27 #302
28 City & State: Clewiston FL
29 Zip: 33440
30 County: Hendry

4. FEI Number: 59-2438448 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: $5.00 Additional Fee Required ☐

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

7. Typewritten Exempt from $150.00 Filing Fee ☒

8. Is corporation filing liability for intangible tax under S. 199.032, Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALTUS PHILIP
4 COLUMBIA DR. SUITE 630
TAMPA FL 33606

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501 or Sections 617.0502 and 617.1501, 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 607.0505 or 617.0505, Florida Statutes.

SIGNATURE: _____ DATE: ~~2/7/94~~ N/A
(Registered Agent Accepting Appointment) (Will - Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	~~P/D~~	1.1 TITLE	P/D
1.2 NAME	~~BORLAND JR., JAMES L~~	1.2 NAME	Altus, Philip
1.3 STREET ADDRESS	~~1610 BARRS ST~~	1.3 STREET ADDRESS	4 Columbia Dr Suite 630
1.4 CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP	Tampa FL 33606
2.1 TITLE	S/T/D	2.1 TITLE	
2.2 NAME	NORD H. JUERGEN M	2.2 NAME	
2.3 STREET ADDRESS	COLUMBIA DR. SUITE 630	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
3.1 TITLE	P/S/D	3.1 TITLE	
3.2 NAME	BORLAND JAMES L. JMD	3.2 NAME	
3.3 STREET ADDRESS	1610 BARRS ST	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely furnished and 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 have fulfilled all obligations with respect to abandoned property as provided by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an explanation.

SIGNATURE: Philip Altus MD 2/7/94 (813) 251-7419
(Signature and Typed or Printed Name of Individual) (Date) (Area Code & Daytime Phone #)
Philip Altus, MD, FACP, ACP Gov for Florida (President)