

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90080 038 ****61.25

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DOCUMENT # N02644

1. Corporation Name

**AMERICAN COLLEGE OF PHYSICIANS-AMERICAN SOCIETY
OF INTERNAL MEDICINE, FLORIDA CHAPTER, INC.**

Principal Place of Business

215 E ESPERANZA AVENUE
CLEWISTON FL 33440
US

Mailing Address

P. O. BOX 1196
CLEWISTON FL 33440-1196
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/19/1984

4. FEI Number

59-2438448

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

9. Name and Address of Current Registered Agent

**BARKIN, JAMIE S M.D.
4300 ALTON RD
MIAMI BEACH FL 33140**

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 ☐ DELETE

TITLE STD
NAME RATZAN, KENNETH R M FACP
STREET ADDRESS 4300 ALTON RD
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE

NAME ALTUS, PHILIP
STREET ADDRESS 4 COLUMBIA DR., SUITE 630
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE

NAME BORLAND, JAMES L. J MD
STREET ADDRESS 1610 BARRS ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME Frederick E. Turton, MD, FACP

2.3 STREET ADDRESS 1540 S. Tamiami Trail Suite 404

2.4 CITY-ST-ZIP Sarasota, FL 34239

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Andre L. Laz, MD, FACP

3.3 STREET ADDRESS 201 Eighth Street Suite 304

3.4 CITY-ST-ZIP Naples, FL 34102

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederick E. Turton, MD 02/25/99 7941-953-4401

Date

Daytime Phone #

CR2E037 (11/98)