

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90005 031 ****61.25

00000170



DO NOT WRITE IN THIS SPACE

DOCUMENT # N02644

1. Entity Name

AMERICAN COLLEGE OF PHYSICIANS-AMERICAN SOCIETY

Principal Place of Business

Mailing Address

215 E ESPERANZA AVENUE
 CLEWISTON FL 33440
 US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2438448

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **TURTON, FREDERICK E MD**
 CITY-ST-ZIP **1540 S TAMiami TRAIL, STE 404**
SARASOTA FL 34239

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LAZ, ANDRE L MD**
 CITY-ST-ZIP **201 EIGHTH STREET, STE 304**
NAPLES FL 34102

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FREDERICK E. TURTON, MD

1/19/2000

941-953-4401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)