

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91505 032 \*\*\*\*61.25

**DOCUMENT # N02644**

1. Entity Name

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

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

Zip

Country

Zip

Country

4. FEI Number

**59-2438448**

Applied For

Not Applicable

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

**TURTON, FREDERICK E MD  
 2881 HYDE PARK STREET  
 SARASOTA FL 34239-3228**

Name

**Craig S. Kitchens, MD**

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

**Chief, Medical Svc (111)**

**V A Medical Center**

City

**Gainesville FL**

Zip Code

**32602**

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]*

**Craig S Kitchens, MD**

**4/26/02**

DATE

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

(NOTE: Registered Agent signature required when reinstating)

**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	VPD	<input checked="" type="checkbox"/> Delete
NAME	RATZAN, KENNETH R M FACP	
STREET ADDRESS	4300 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	RAD	<input type="checkbox"/> Delete
NAME	TURTON, FREDERICK E MD	
STREET ADDRESS	1540 S TAMiami TRAIL, STE 404	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LIChSTEIN, DANIEL M MD	
STREET ADDRESS	2735 HANCOCK CREEK RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARIDE, A. RUBEN MD	
STREET ADDRESS	7800 SW 87TH AVE SUITE C-300	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	CRAIG S. Kitchens, MD	<input type="checkbox"/> Delete
NAME	Craig S. Kitchens, MD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	RAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig S. Kitchens, MD	
STREET ADDRESS	Chief, Medical Svc (111) VAMC	
CITY-ST-ZIP	Gainesville, FL 32602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Craig S. Kitchens, MD**

**4/26/02 352-379-1611**

Date

Daytime Phone #

CR2E037 (9/01)