

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02644

FILED
Apr 30, 2004
Secretary of State

Entity Name: AMERICAN COLLEGE OF PHYSICIANS, FLORIDA CHAPTER, INC.

Current Principal Place of Business:

215 E ESPERANZA AVENUE
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1196
CLEWISTON, FL 334401196 US

New Mailing Address:

FEI Number: 59-2438448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KITCHENS, CRAIG S
CHIEF, MEDICAL SVC (111)
VA MEDICAL CENTER
GAINESVILLE, FL 32602 US

Name and Address of New Registered Agent:

MITCHELL, KAY M
4500 SAN PABLO RD
JACKSONVILLE, FL 32224 US

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: KAY M MITCHELL, MD

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: RAD () Delete
Name: KITCHENS, CRAIG S MD
Address: CHIEF, MEDICAL SVC (111) VAMC
City-St-Zip: GAINESVILLE, FL 32602

Title: VPD () Delete
Name: TURTON, FREDERICK E MD
Address: 1540 S TAMiami TRAIL, STE 404
City-St-Zip: SARASOTA, FL 34239

Title: TD () Delete
Name: LICHSTEIN, DANIEL M MD
Address: 2735 HANCOCK CREEK RD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD () Delete
Name: CARIDE, A. RUBEN MD
Address: 7800 SW 87TH AVE SUITE C-300
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RAD (X) Change () Addition
Name: MITCHELL, KAY M MD
Address: 4500 SAN PABLO RD
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD (X) Change () Addition
Name: KITCHENS, CRAIG S MD
Address: MEDICAL SVC (111) VAMC
City-St-Zip: GAINESVILLE, FL 32602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KAY M MITCHELL, MD

RAD

04/30/2004

Electronic Signature of Signing Officer or Director

Date