

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02644

FILED  
Jul 09, 2007  
Secretary of State

**Entity Name:** FLORIDA CHAPTER, AMERICAN COLLEGE OF PHYSICIANS, 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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FOSTER, MALCOLM T JR  
655 WEST EIGHTH  
JACKSONVILLE, FL 32209 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: RAD ( ) Delete  
Name: FOSTER, MALCOLM T JR  
Address: 655 WEST EIGHTH  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VPD ( ) Delete  
Name: MITCHELL, KAY M MD  
Address: 4500 SAN PABLO RD  
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD ( ) Delete  
Name: HIMMELSTEIN, STUART B MD  
Address: 5258 LINTON BLVD #206  
City-St-Zip: DELRAY BEACH, FL 33484

Title: SD ( ) Delete  
Name: ZIMMER, MICHAEL A MD  
Address: 1099 FIFTH AVE NO #110  
City-St-Zip: ST PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 exemption stated in Chapter 119, 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: MALCOLM T. FOSTER, JR., MD, FACP

RAD

07/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date