

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02644

FILED
Jan 04, 2008
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 ()

Name and Address of Current Registered Agent:

FOSTER, MALCOLM T JR
655 WEST EIGHTH
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

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

01/04/2008

Electronic Signature of Signing Officer or Director

Date