

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02644

FILED
Mar 30, 2010
Secretary of State

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

Current Principal Place of Business:

1000 RIVERSIDE AVENUE
SUITE 220
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

1000 RIVERSIDE AVENUE
SUITE 220
JACKSONVILLE, FL 32204 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:

MOERINGS, DAWN R
1000 RIVERSIDE AVENUE
SUITE 220
JACKSONVILLE, FL 32204 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: PD
Name: HIMMELSTEIN, STUART B
Address: 5258 LINTON BLVD., # 206
City-St-Zip: DELRAY BEACH, FL 33484

Title: VPD
Name: FOSTER, MALCOLM T JR., MD
Address: 653-1 WEST EIGHTH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD
Name: ZIMMER, MICHAEL A MD
Address: 509 JACKSON STREET N.
City-St-Zip: ST. PETERSBURG, FL 33705

Title: SD
Name: ROSSI, MICHELLE L MD
Address: 5543 SW 37TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: ED
Name: MOERINGS, DAWN R
Address: 1000 RIVERSIDE AVE. #220
City-St-Zip: JACKSONVILLE, FL 32204

I hereby 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 all other like empowered.

SIGNATURE: DAWN R. MOERINGS

ED

03/30/2010

Electronic Signature of Signing Officer or Director

Date