2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# N06000011150

Entity Name: THE AMERICAN ACADEMY OF COMMUNITY PHYSICIANS, INC.

Current Principal Place of Business:

10300 S.W. 216TH STREET
MIAMI, FL 33190

New Principal Place of Business:

Current Mailing Address:

10300 S.W. 216TH STREET
MIAMI, FL 33190

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

LOWY, RONALD S ESQ.
1503 N.W. 14TH STREET
MIAMI, FL 33125 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: P ( ) Delete
Name: OPER, ARNOLD DR.
Address: 10300 S.W. 216TH STREET
City-St-Zip: MIAMI, FL 33190

Title: VP ( ) Delete
Name: BORREGO, PRISCILLA M DR.
Address: 8600 S.W. 21ST STREET
City-St-Zip: MIAMI, FL 33155

Title: SECR ( ) Delete
Name: ALFONSO, MIGUEL DR.
Address: 1529 S.W. 103RD AVENUE
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: GORELICK, MARIA A DR.
Address: 10300 SW 216 STREET
City-St-Zip: MIAMI, FL 33190

Title: SECR (X) Change ( ) Addition
Name: BORREGO, PRISCILLA DR.
Address: 10300 SW 216 STREET
City-St-Zip: MIAMI, FL 33190

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: MARIA A. GORELICK, M.D. VP 07/09/2008

Electronic Signature of Signing Officer or Director — Date