

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02644

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

**FILED**  
**Mar 20, 2025**  
**Secretary of State**  
**3441953021CC**

**Current Principal Place of Business:**

2410 ORMSBY CIRCLE W.  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

2410 ORMSBY CIRCLE W.  
JACKSONVILLE, FL 32210 US

**FEI Number: 59-2438448**

**Certificate of Status Desired: No**

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

MOERINGS, DAWN R  
2410 ORMSBY CIRCLE W.  
JACKSONVILLE, FL 32210 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

**Officer/Director Detail :**

Title ED  
Name MOERINGS, DAWN R  
Address 2410 ORMSBY CIRCLE W.  
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY  
Name PRAVIA, CRISTINA DR.  
Address 2410 ORMSBY CIRCLE W.  
City-State-Zip: JACKSONVILLE FL 32210

Title TREASURER  
Name TUDA, CLAUDIO D DR.  
Address 2410 ORMSBY CIRCLE W.  
City-State-Zip: JACKSONVILLE FL 32210

Title VP  
Name BANSAL, ANKUSH K DR.  
Address 2410 ORMSBY CIRCLE W.  
City-State-Zip: JACKSONVILLE FL 32210

Title PRESIDENT  
Name SOTTILE, ELISA DR.  
Address 2410 ORMSBY CIRCLE W.  
City-State-Zip: JACKSONVILLE FL 32210

*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**

**EXECUTIVE DIRECTOR**

**03/20/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date