

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02644

Entity Name: FLORIDA CHAPTER, AMERICAN COLLEGE OF PHYSICIANS, INC.**FILED**
May 15, 2018
Secretary of State
CC2266378945**Current Principal Place of Business:**1000 RIVERSIDE AVENUE
SUITE 220
JACKSONVILLE, FL 32204**Current Mailing Address:**1000 RIVERSIDE AVENUE
SUITE 220
JACKSONVILLE, FL 32204 US**FEI Number: 59-2438448****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOERINGS, DAWN R
1000 RIVERSIDE AVENUE
SUITE 220
JACKSONVILLE, FL 32204 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	PRESIDENT
Name	GOLDMAN, JASON M DR.
Address	1000 RIVERSIDE AVENUE SUITE 220
City-State-Zip:	JACKSONVILLE FL 32204

Title	SEC
Name	KAUSHAL, HIMANGI DR.
Address	1000 RIVERSIDE AVENUE SUITE 220
City-State-Zip:	JACKSONVILLE FL 32204

Title	ED
Name	MOERINGS, DAWN R
Address	1000 RIVERSIDE AVENUE SUITE 220
City-State-Zip:	JACKSONVILLE FL 32204

Title	VP
Name	HANLINE, MANNING H DR.
Address	1000 RIVERSIDE AVENUE SUITE 220
City-State-Zip:	JACKSONVILLE FL 32204

Title	TREASURER
Name	BANSAL, ANKUSH K DR.
Address	1000 RIVERSIDE AVENUE SUITE 220
City-State-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 MOERINGS**EXECUTIVE DIRECTOR****05/15/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date