

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02644

Entity Name: FLORIDA CHAPTER, AMERICAN COLLEGE OF PHYSICIANS, INC.**FILED**
Mar 23, 2015
Secretary of State
CC4238536394**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	VP
Name	ROSSI, MICHELLE L DR.
Address	1600 SW ARCHER ROAD, ROOM 4102
City-State-Zip:	GAINESVILLE FL 32610
Title	SEC
Name	ECHEVERRIA BELTRAN, KAREN DR.
Address	2501 N. ORANGE AVE., STE 235
City-State-Zip:	ORLANDO FL 32804
Title	PRESIDENT
Name	LANGDON, JOHN G. DR.
Address	942 POINCIANA LANE
City-State-Zip:	WINTER PARK FL 32789

Title	DT
Name	GOLDMAN, JASON M DR.
Address	3001 CORAL HILLS DRIVE SUITE 340
City-State-Zip:	CORAL SPRINGS FL 33065
Title	ED
Name	MOERINGS, DAWN R
Address	1000 RIVERSIDE AVE. #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****03/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date