

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02644

Entity Name: FLORIDA CHAPTER, AMERICAN COLLEGE OF PHYSICIANS, INC.**FILED**
May 20, 2020
Secretary of State
6983274889CC**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: Yes****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	SEC
Name	KAUSHAL, HIMANGI DR.
Address	2410 ORMSBY CIRCLE W.
City-State-Zip:	JACKSONVILLE FL 32210

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

Title	VP
Name	HANLINE, MANNING H DR.
Address	2410 ORMSBY CIRCLE W.
City-State-Zip:	JACKSONVILLE FL 32210

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

Title	PRESIDENT
Name	EVERETT, GEORGE 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 MOERINGS**EXECUTIVE DIRECTOR****05/20/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date