

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02644

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

FILED
Apr 19, 2013
Secretary of State
CC7909942209

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 P
Name ROSSI, MICHELLE LMD
Address 1600 SW ARCHER ROAD, ROOM 4102
City-State-Zip: GAINESVILLE FL 32610

Title DT
Name GOLDMAN, JASON MMD
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

Title VP
Name ZIMMER, MICHAEL AMD
Address 509 JACKSON STREET N.
City-State-Zip: ST. PETERSBURG FL 33705
Title SEC
Name ECHEVERRIA BELTRAN, KAREN MD
Address 21 WEST COLUMBIA ST., SUITE 102
City-State-Zip: ORLANDO FL 32608

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

04/19/2013

Electronic Signature of Signing Officer/Director Detail

Date