

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000013196

**Entity Name:** AMERICAN COLLEGE OF CLINICAL ELECTRODIAGNOSIS, INC.

**FILED**  
**Apr 21, 2019**  
**Secretary of State**  
**6380008388CC**

**Current Principal Place of Business:**

1130 CREEKSIDE PKWY  
#110653  
NAPLES, FL 34108

**Current Mailing Address:**

1130 CREEKSIDE PKWY  
#110653  
NAPLES, FL 34108

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

OLIVER, JAMES M  
3353 TAMiami TRAIL NORTH  
NAPLES, FL 34103 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	PRES
Name	INGLESE, ANTHONY DC
Address	PO BOX 111456
City-State-Zip:	NAPLES FL 34108
Title	TREA
Name	CARLINO, ANTONINO DC
Address	1130 CREEKSIDE PKWY, #110653
City-State-Zip:	NAPLES FL 34108

Title	VP
Name	SIMON, JERROLD DC
Address	1130 CREEKSIDE PKWY, #110653
City-State-Zip:	NAPLES FL 34108
Title	SECR
Name	RESNICK, GEORGE DC
Address	1130 CREEKSIDE PKWY, #110653
City-State-Zip:	NAPLES FL 34108

*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: ANTHONY INGLESE**

**PRES**

**04/21/2019**

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

\_\_\_\_\_  
Date