2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2014
Secretary of State
CC8682918745

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Entity Name: AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES, INC.

Current Principal Place of Business:

400 NORTH ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602

Current Mailing Address:

400 NORTH ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602

FEI Number: 54-1032555

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANGOOD, PETER B MD
400 NORTH ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 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: PETER B ANGOOD MD 02/01/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	PAST PRESIDENT
Name	WERNER, MARK J MD	Name	RIDDLES, LAWRENCE MD
Address	400 NORTH ASHLEY DRIVE SUITE 400	Address	400 NORTH ASHLEY DRIVE SUITE 400
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602
Title	CEO	Title	VP
Name	ANGOOD, PETER B MD	Name	HELMER, LYNN MD
Address	400 NORTH ASHLEY DRIVE SUITE 400	Address	400 NORTH ASHLEY DRIVE SUITE 400
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602
Title	SECRETARY, TREASURER	Title	DIRECTOR
Name	KEATS, JOHN MD	Name	LAZARUS, ARTHUR MD
Address	400 NORTH ASHLEY DRIVE SUITE 400	Address	400 NORTH ASHLEY DRIVE SUITE 400
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602
Title	DIRECTOR	Title	DIRECTOR
Name	PHILLIPS, SHERI MD	Name	ASMAR, HODA MD
Address	400 NORTH ASHLEY DRIVE SUITE 400	Address	400 NORTH ASHLEY DRIVE SUITE 400
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602

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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: PETER ANGOOD, MD CEO 02/01/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BROWNE, MARK MD
Address	400 NORTH ASHLEY DRIVE SUITE 400
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	HAFT, HOWARD MD
Address	400 NORTH ASHLEY DRIVE SUITE 400
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	BROWNE, MARK DR.
Address	400 NORTH ASHLEY DRIVE SUITE 400
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	KNIGHT, NAPOLEON DR.
Address	400 NORTH ASHLEY DRIVE SUITE 400
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	SMITH, JACK MD
Address	400 NORTH ASHLEY DRIVE SUITE 400
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	SIKKA, VERONICA MD
Address	400 NORTH ASHLEY DRIVE SUITE 400
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	CASPERSON, WILLIAM DR.
Address	400 NORTH ASHLEY DRIVE SUITE 400
City-State-Zip:	TAMPA FL 33602