2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856996

Entity Name: AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES, INC.

FILED May 24, 2016 Secretary of State CC0256136524

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 05/24/2016

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Address

Title PAST CHAIR Title PRESIDENT, CEO Name WERNER, MARK J MD Name ANGOOD, PETER B MD

400 NORTH ASHLEY DRIVE 400 NORTH ASHLEY DRIVE Address Address

> SUITE 400 SUITE 400

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title Title **DIRECTOR** CHAIRMAN

Name ASMAR, HODA MD Name SMITH, JACK MD

Address 400 NORTH ASHLEY DRIVE Address 400 NORTH ASHLEY DRIVE

> SUITE 400 SUITE 400

City-State-Zip: **TAMPA FL 33602** City-State-Zip: **TAMPA FL 33602**

Title DIRECTOR Title DIRECTOR

CASPERSON, WILLIAM DR. KNIGHT, NAPOLEON DR. Name Name

400 NORTH ASHLEY DRIVE 400 NORTH ASHLEY DRIVE Address Address

SUITE 400 SUITE 400

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title **DIRECTOR** Title **DIRECTOR**

Name SLONIM, ANTHONY DR. Name LACE, DANIEL DR.

> 400 NORTH ASHLEY DRIVE Address 400 NORTH ASHLEY DRIVE SUITE 400

SUITE 400

TAMPA FL 33602 TAMPA FL 33602 City-State-Zip: City-State-Zip:

Continues on page 2

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.

05/24/2016 SIGNATURE: PETER ANGOOD CEO

Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR

POLK, JAMES DR. MARCO, ALAN DR. Name Name

Address 400 NORTH ASHLEY DRIVE Address 400 NORTH ASHLEY DRIVE SUITE 400

SUITE 400

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title DIRECTOR Title **DIRECTOR**

Name CLAPPER, LAURA MD Name BURTON, BRET MD

Address 400 NORTH ASHLEY DRIVE Address 400 NORTH ASHLEY DRIVE

> SUITE 400 SUITE 400

TAMPA FL 33602 TAMPA FL 33602 City-State-Zip: City-State-Zip:

Title DIRECTOR Title **SECRETARY**

JOLISSAINT, GREG MD Name Name ZETTERSTROM, HANS

Address 400 NORTH ASHLEY DRIVE Address 400 N ASHELY DRIVE

SUITE 400 SUITE 400

TAMPA FL 33602 City-State-Zip: TAMPA FL 33602 City-State-Zip:

Title **TREASURER** Title **DIRECTOR**

Name MARTIN, MICHELLE A Name LESTER, MARK DR.

400 NORTH ASHLEY DRIVE Address 400 N. ASHLEY DRIVE Address

SUITE 400 SUITE 400

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title Title DIRECTOR **DIRECTOR**

SHAW, HOWARD DR. Name Name TZEEL, ALBERT DR.

400 NORTH ASHLEY DRIVE Address 400 NORTH ASHLEY DRIVE Address

SUITE 400 SUITE 400

TAMPA FL 33602 TAMPA FL 33602 City-State-Zip: City-State-Zip: