


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90023 029 ****61.25

DOCUMENT # N02000001562

1. Entity Name
SOUTHERN STATES CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.



Principal Place of Business
**245 RIVERSIDE AVE
 SUITE 200
 JACKSONVILLE, FL 32202**

Mailing Address
**245 RIVERSIDE AVE
 SUITE 200
 JACKSONVILLE, FL 32202**

60023172



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
56-2294666

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONES, DONALD C 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

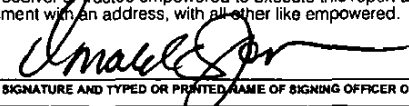
Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURSHELL, ALAN L MD			NAME	Steven D. Wise		
STREET ADDRESS	1514 JEFFERSON HWY			STREET ADDRESS	1118 Ross Clark Cir Ste 100		
CITY-ST-ZIP	NEW ORLEANS, LA 70121			CITY-ST-ZIP	DOTHAN AL 36301-3023		
TITLE	PED	<input type="checkbox"/> Delete		TITLE	PE/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISE, STEVEN D MD			NAME	Olga Kaliebe		
STREET ADDRESS	1119 ROSSCLARK CIR STE 100			STREET ADDRESS	4226 Vendome Place		
CITY-ST-ZIP	DOTHAN, AL 36301			CITY-ST-ZIP	New Orleans LA 70125		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WISE, STEVEN D MD			NAME	John W. Interlandi		
STREET ADDRESS	1118 ROSS CLARK CIR 100			STREET ADDRESS	5651 Frist Blvd Ste 208		
CITY-ST-ZIP	DOTHAN, AL 36301			CITY-ST-ZIP	Hermitage TN 37076-2056		
TITLE	M	<input type="checkbox"/> Delete		TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JONES, DONALD C			NAME	Samuel S. Andrews		
STREET ADDRESS	245 RIVERSIDE AVE #200			STREET ADDRESS	1514 Jefferson Highway		
CITY-ST-ZIP	JACKSONVILLE, FL 32202			CITY-ST-ZIP	New Orleans LA 70121		
TITLE	PPD	<input checked="" type="checkbox"/> Delete		TITLE	IPP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SISTRUNK, WOODY J MD			NAME	Alan L. Burshell		
STREET ADDRESS	1151 N STATE ST #601			STREET ADDRESS	1514 Jefferson Hwy.		
CITY-ST-ZIP	JACKSON, MS 39202			CITY-ST-ZIP	New Orleans LA 70121		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KALIEBE, OLGA MD			NAME	Ileana J. Tandron		
STREET ADDRESS	2005 VETERANS BLVD			STREET ADDRESS	419 Starling Dr		
CITY-ST-ZIP	METAIRIE, LA 70002			CITY-ST-ZIP	Slidell LA 70461-3021		


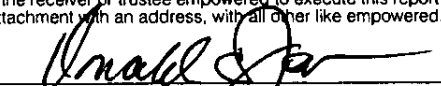
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Donald C Jones** **04/01/2008** **(904) 353-7878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

DOCUMENT # N02000001582 1. Entity Name SOUTHERN STATES CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					
Principal Place of Business 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202		Mailing Address 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04012008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 56-2294666	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, DONALD C 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURSELL, ALAN L MD 1514 JEFFERSON HWY NEW ORLEANS, LA 70121	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jayant Dey 4250 South Eason Blvd Tupelo MS 38801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED WISE, STEVEN D MD 1119 ROSSCLARK CIR STE 100 DOTHAN, AL 36301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Hennigan 1310 14th Ave SE Decatur AL 35601-4347	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WISE, STEVEN D MD 1118 ROSS CLARK CIR 200 DOTHAN, AL 36301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard D. Childress 5659 S. Rex Road. Memphis TN 38119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 245 RIVERSIDE AVE #200 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tilak K. Mallik 1111 Medical Center Blvd Ste S113 Marrero LA 70072-3151	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD SISTRUNK, WOODY J MD 1151 N STATE ST #601 JACKSON, MS 39202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KALIEBE, OLGA MD 2005 VETERANS BLVD METAIRIE, LA 70002	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: 		Donald C Jones		04/01/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # (904) 353-7878	

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