

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 02, 2009  
Secretary of State

DOCUMENT# N02000001562

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

**Current Principal Place of Business:**

245 RIVERSIDE AVE  
SUITE 200  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

245 RIVERSIDE AVE  
SUITE 200  
JACKSONVILLE, FL 32202 US

**Current Mailing Address:**

245 RIVERSIDE AVE  
SUITE 200  
JACKSONVILLE, FL 32202

**New Mailing Address:**

245 RIVERSIDE AVE  
SUITE 200  
JACKSONVILLE, FL 32202 US

FEI Number: 56-2294666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, DONALD C  
245 RIVERSIDE AVE  
SUITE 200  
JACKSONVILLE, FL 32202 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WISE, STEVEN D  
Address: 1118 ROSS CLARK CIR STE 100  
City-St-Zip: DOTHAN, AL 363013023

Title: PED ( ) Delete  
Name: KALIEBE, OLGA  
Address: 4226 VENDOME PLACE  
City-St-Zip: NEW ORLEANS, LA 70125

Title: TD ( ) Delete  
Name: INTERLANDI, JOHN W  
Address: 5651 FIRST BLVD STE 208  
City-St-Zip: HERMITAGE, TN 370762056

Title: M ( ) Delete  
Name: JONES, DONALD C  
Address: 245 RIVERSIDE AVE #200  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: 1PPD ( ) Delete  
Name: BRUSHHELL, ALAN L  
Address: 1514 JEFFERSON HWY.  
City-St-Zip: NEW ORLEANS, LA 70121

Title: SD ( ) Delete  
Name: KALIEBE, OLGA MD  
Address: 2005 VETERANS BLVD  
City-St-Zip: METAIRIE, LA 70002

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: JOHNSON, JOLENE K MD  
Address: 5825 AIRLINE HWY  
City-St-Zip: BATON ROUGE, LA 70805 US

Title: P (X) Change ( ) Addition  
Name: KALIEBE, OLGA MD  
Address: 2005 VETERANS BLVD  
City-St-Zip: METAIRIE, LA 70002 US

Title: D (X) Change ( ) Addition  
Name: INTERLANDI, JOHN W MD  
Address: 5651 FRIST BLVD STE 208  
City-St-Zip: HERMITAGE, TN 370762056 US

Title: MGR (X) Change ( ) Addition  
Name: JONES, DONALD C  
Address: 245 RIVERSIDE AVE #200  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: T (X) Change ( ) Addition  
Name: STAHL, ELIZABETH MD  
Address: 817 PRINCETON AVENUE SW  
City-St-Zip: BIRMINGHAM, AL 35211 US

Title: S (X) Change ( ) Addition  
Name: CHILDRESS, RICHARD D MD  
Address: 5659 REX ROAD  
City-St-Zip: MEMPHIS, TN 38119 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD C. JONES

MGR

04/02/2009

Electronic Signature of Signing Officer or Director

Date