


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90545 042 \*\*\*\*61.25

**DOCUMENT # N02000003204**


1. Entity Name  
**NEW JERSEY CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**



Principal Place of Business  
**1000 RIVERSIDE AVENUE JACKSONVILLE, FL 32204**

Mailing Address  
**1000 RIVERSIDE AVENUE JACKSONVILLE, FL 32204**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**54-2063666** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JONES, DONALD C**  
**1000 RIVERSIDE AVENUE SUITE 205 JACKSONVILLE, FL 32204**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	SELINGER, SHARON M.D.	
STREET ADDRESS	1000 RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	COBIN, RHODA M.D.	
STREET ADDRESS	1000 RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FURMAN, ROBERT M.D.	
STREET ADDRESS	1000 RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	M	<input type="checkbox"/> Delete
NAME	JONES, DONALD C	
STREET ADDRESS	1000 RIVERSIDE AVE. SUITE 205	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Covello, Lucy F., MD	
STREET ADDRESS	44 Rte. 23 North	
CITY-ST-ZIP	Riverdale, NJ 07457	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

**SIGNATURE:** *Donald C Jones* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*4/26/04* **Date** *(904) 353-2878* **Daytime Phone #**