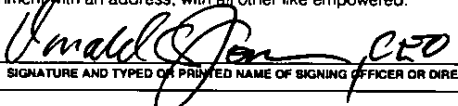


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90021 011 ****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		
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			7. Name and Address of New Registered Agent		
JONES, DONALD C 1000 RIVERSIDE AVENUE SUITE 205 JACKSONVILLE, FL 32204			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	D ☐ Delete		TITLE	PD ☒ Change ☐ Addition	
NAME	SELINGER, SHARON M.D.		NAME	Selinger, Sharon MD	
STREET ADDRESS	1000 RIVERSIDE AVENUE		STREET ADDRESS	One Springfield Ave, 1st Floor	
CITY - ST - ZIP	JACKSONVILLE, FL 32204		CITY - ST - ZIP	Summit, NJ 07901	
TITLE	D ☐ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	COBIN, RHODA M.D.		NAME	Cobin, Rhoda MD	
STREET ADDRESS	1000 RIVERSIDE AVENUE		STREET ADDRESS	75 North Maple Ave.	
CITY - ST - ZIP	JACKSONVILLE, FL 32204		CITY - ST - ZIP	Ridgewood, NJ 07450	
TITLE	D ☐ Delete		TITLE	STD ☒ Change ☐ Addition	
NAME	CORVELLO, LUCY F MD		NAME	Covello, Lucy MD	
STREET ADDRESS	44 RTE 23 NORTH		STREET ADDRESS	1524 Rt. 23 North	
CITY - ST - ZIP	RIVERDALE, NJ 07457		CITY - ST - ZIP	Butler, NJ 07405	
TITLE	M ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	JONES, DONALD C		NAME		
STREET ADDRESS	1000 RIVERSIDE AVE. SUITE 205		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32204		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 all other like empowered.					
SIGNATURE: 			3/20/05 (904) 353-7878		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		