

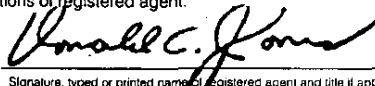
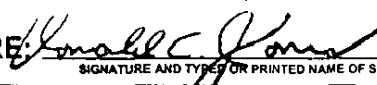


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90083 007 \*\*\*\*61.25

<b>DOCUMENT # N02000003204</b> 1. Entity Name <b>NEW JERSEY CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.</b>					
Principal Place of Business <b>1000 RIVERSIDE AVENUE JACKSONVILLE, FL 32204</b>			Mailing Address <b>1000 RIVERSIDE AVENUE JACKSONVILLE, FL 32204</b>		
2. Principal Place of Business - No P.O. Box # <b>245 Riverside Ave</b>		3. Mailing Address <b>245 Riverside Ave</b>		<div style="font-size: 24pt; font-weight: bold;">40046720</div>  <div style="margin-top: 10px;">             03232007    Chg-NP    CR2E037 (12/06) </div>	
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>			
Zip                      Country <b>32202                      USA</b>		Zip                      Country <b>32202                      USA</b>			
4. FEI Number <b>54-2063666</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>JONES, DONALD C 1000 RIVERSIDE AVENUE SUITE 205 JACKSONVILLE, FL 32204</b>	
7. Name and Address of New Registered Agent Name <b>JONES, DONALD C.</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>245 RIVERSIDE AVE, SUITE 200</b>					
City <b>JACKSONVILLE</b>				FL    Zip Code <b>32202</b>	
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 		Donald C. Jones		03/26/2007	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELINGER, SHARON M.D. ONE SPRINGFILED AVE 1ST FLOOR SUMMIT, NJ 07901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBIN, RHODA M.D. 75 NORTH MAPLE AVE RIDGEWOOD, NJ 07450	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORVELLO, LUCY F MD 1524 RT 23 NORTH BUTLER, NJ 07405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 1000 RIVERSIDE AVE. SUITE 205 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 1000 RIVERSIDE AVE. SUITE 205 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 1000 RIVERSIDE AVE. SUITE 205 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 1000 RIVERSIDE AVE. SUITE 205 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 1000 RIVERSIDE AVE. SUITE 205 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
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, CEO		03/26/2007    904-353-7878	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	