


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-15-2008 90023 041 ****61.25

DOCUMENT # N0200003204

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



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

Mailing Address
245 RIVERDALE AVE SUITE 200 JACKSONVILLE, FL 32202

60023160



2. Principal Place of Business - No P.O. Box #
245 Riverside Ave

3. Mailing Address
245 Riverside Ave

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

03112008 Chg-NP CR2E037 (12/06)

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number
54-2063666

Applied For
 Not Applicable

Zip
32202-4933

Country
US

Zip
32202-4933

Country
US

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 RIVERDALE AVE SUITE #200
JACKSONVILLE, FL 32203

Name
Donald C Jones

Street Address (P.O. Box Number is Not Acceptable)
245 Riverside Ave, Suite 200

City
Jacksonville

State
FL

Zip Code
32202-4933

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** **03/27/2008**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SELINGER, SHARON M.D. ONE SPRINGFIELD AVE 1ST FLOOR SUMMIT, NJ 07901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Donald C Jones 245 Riverside Ave Suite 200 Jacksonville FL 32202-4933 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	D Felice A. Caldarella 9100 Wescott Drive, Suite 101 Flemington NJ 08822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	D Harvey K. Bucholtz 2333 Morris Ave Ste B2 Union NJ 07083-5716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 245 RIVERDALE AVE SUITE #200 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maya P. Raghuwanshi 185 South Orange Ave, Msb I-588 Newark NJ 07103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norman H. Ertel 140 Turrell Ave South Orange NJ 07079-2347 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **03/27/2008**

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