

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N02000003204

Entity Name: NEW JERSEY 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: 54-2063666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DONALD C
245 RIVERSID E AVE SUITE #200
JACKSONVILLE, FL 32203 US

Name and Address of New Registered Agent:

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

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:

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE STE 200
City-St-Zip: JACKSONVILLE, FL 322024933

Title: D () Delete
Name: COBIN, RHODA M.D.
Address: 75 NORTH MAPLE AVE
City-St-Zip: RIDGEWOOD, NJ 07450

Title: STD () Delete
Name: CORVELLO, LUCY F MD
Address: 1524 RT 23 NORTH
City-St-Zip: BUTLER, NJ 07405

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

Title: D () Delete
Name: CALDARELLA, FELICE A
Address: 9100 WESCOTT DR STE 101
City-St-Zip: FLEMINGTON, NJ 08822

Title: D () Delete
Name: BUCHOLTZ, HARVEY K
Address: 2333 MORRIS AVE STE B2
City-St-Zip: UNION, NJ 070835716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE STE 200
City-St-Zip: JACKSONVILLE, FL 322024933 US

Title: D (X) Change () Addition
Name: COBIN, RHODA H MD
Address: 75 NORTH MAPLE AVENUE
City-St-Zip: RIDGEWOOD, NJ 07450 US

Title: ST (X) Change () Addition
Name: ERTEL, NORMAN H MD
Address: 140 TURRELL AVE
City-St-Zip: SOUTH ORANGE, NJ 07079 US

Title: D (X) Change () Addition
Name: ROSENFELD, CHERYL R DO
Address: 1 INDIAN ROAD SUITE 8
City-St-Zip: DENVILLE, NJ 07834 US

Title: P (X) Change () Addition
Name: CALDARELLA, FELICE A MD
Address: 9100 WESCOTT DR STE 101
City-St-Zip: FLEMINGTON, NJ 08822 US

Title: D (X) Change () Addition
Name: BUCHOLTZ, HARVEY K MD
Address: 2 LINCOLN HIGHWAY 501
City-St-Zip: EDISON, NJ 08820 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