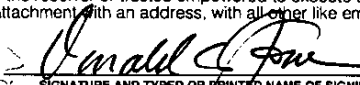


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-07-2005 90021 006 ****61.25

DOCUMENT # N02000004527 1. Entity Name TEXAS CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					
Principal Place of Business 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204			Mailing Address 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0735690	
Zip		Country		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 AVE 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D SLOAN, LANCE 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sloan, Lance MD 205 Gene Samford Dr. Suite B Lufkin, TX 75904-3381	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORFMAN, STEVEN 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorfman, Steven MD 10620 N Central Expwy, Suite 100N Dallas, TX 75231	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, CARLOS JR 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hamilton, Carlos Jr. MD 7000 Fannin St., Suite 1535 Houston, TX 77030	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 1000 RIVERSIDE AVE. SUITE 205 JACKSONVILLE, FL 32204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			3/30/05 (904) 353-7878		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					