2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90083 008 ****61.25

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

40046719

Principal Place of Business	Mailing Address
1000 RIVERSIDE AVE JACKSONVILLE, FL 32204	1000 RIVERSIDE AVE JACKSONVILLE, FL 32204

03232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
245 Riverside Ave	245 Riverside Ave
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip / Country 32202 / USA	Zip / Country 32202 / USA

4. FEI Number 01-0735690 ☐ 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 AVE 205 JACKSONVILLE, FL 32204	Name: JONES, DONALD C. Street Address (P.O. Box Number is Not Acceptable): 245 RIVERSIDE AVE, SUITE 200 City: JACKSONVILLE, FL Zip Code: 32202

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

Filing Fee is $61.25
Due by May 1, 2007

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 SLOAN, LANCE 205 GENE SAMFORD DR SUITE B LUFKIN, TX 759043381	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIKLIUS, AUDREY MD 10260 N CENTRAL EXPY #100N DALLAS, TX 75231	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CUSI, KENNETH MD 7703 FLOYD CURL DR SAN ANTONIO, TX 78229	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ARONOFF, STEPHEN L MD 10260 N CENTRAL EXPY #100N DALLAS, TX 75231	☐ 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	STD MCKINNEY, KEVIN H. MD 301 UNIVERSITY BLVD. RTE 1060 GALVESTON, TX 77555	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD SLOAN, LANCE MD 103 SONTERRA DR. LUFKIN, TX 75901	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M JONES, DONALD C 245 RIVERSIDE AVE., #200 JACKSONVILLE, FL 32202	☑ 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 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 #