2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90023 025 ****61.25

DOCUMENT # N02000004527

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

60023176

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

03112008 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: **32202-4933** Country: **US**	Zip: **32202-4933** Country: **US**

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 245 RIVERDALE AVE SUITE #200 JACKSONVILLE, FL 32202	Name: **Donald C Jones** Street Address (P.O. Box Number is Not Acceptable): **245 Riverside Ave, Suite 200** City: **Jacksonville** **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** **03/28/2008**
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	PPD SLOAN, LANCE 103 SONTERRA DR. LUFKIN, TX 75901	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Stephen L. Aronoff 10260 N Central Expy Ste 100N Dallas TX 75231-3437	■ 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	V/D Kenneth Cusi 1519 Blackbird Ln San Antonio TX 78248	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M JONES, DONALD C 245 RIVERDALE AVE SUITE #200 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Donald C Jones 245 Riverside Avem Suite 200 Jacksonville FL 32202-4933	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIKLIUS, AUDREY MD 10260 N. CENTRAL EXPY #100N DALLAS, TX 75231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D William C. Biggs 1215 S Coulter St Ste 400 Amarillo TX 79106-1769	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ARONOFF, STEPHEN L MD 10260 N CENTRAL EXPY #100N DALLAS, TX 75231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Audrey B. Miklius 10260 N Central Expy Ste 100N Dallas TX 75231-3437	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MCKINNEY, KEVIN H MD 301 UNIVERSITY BLVD. RTE 1060 GALVESTON, TX 77555	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John A. Caras 501 Midwestern Pkwy Wichita Falls TX 73602	☐ 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** **03/28/2008** **(904) 353-7878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ATTACHMENT

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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	D Jonathan D. Leffert 9301 N. Central Expressway Suite 570 Dallas TX 75231-4412	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M JONES, DONALD C 245 RIVERDALE AVE SUITE #200 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nancy D. Perrier PO Box 301402 Houston TX 77230-1402	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIKLIUS, AUDREY MD 10260 N. CENTRAL EXPY #100N DALLAS, TX 75231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kathleen L. Wyne 5323 Harry Hines Blvd. Rm J6-110 Dallas TX 75390-8857	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ARONOFF, STEPHEN L MD 10260 N CENTRAL EXPY #100N DALLAS, TX 75231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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