2008 NOT-FOR-PROFIT CORPORATION

Apr 15, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N02000004527 04-15-2008 90023 025 ****61.25 TEXAS CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC. Principal Place of Business Mailing Address 245 RIVERDALE AVE 245 RIVERDALE AVE 60023176 SUITE 200 SUITE 200 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 Principal Place of Business - No P.O. Box # 245 Riverside Ave 3. Mailing Address 245 Riverside Ave Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 200 03112008 CR2E037 (12/06) Chg-NP Applied For City & State Jacksonville FL City & State Jacksonville FL 4. FEI Number 01-0735690 Not Applicable Country Country US Zip 32202-4933 \$8.75 Additional 32202-4933 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Donald C Jones JONES, DONALD C Street Address (P.O. Box Number is Not Acceptable) 245 RIVERDALE AVE SUITE #200 245 Riverside Ave, Suite 200 JACKSONVILLE, FL 32202 City Zip Code Jacksonville 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. Donald C Jones 03/28/2008 SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PPD ☐ Addition TITLE Delete TITLE P/D Change SLOAN, LANCE NAME Stephen L. Aronoff NAME 10260 N Central Expy Ste 100N STREET ADDRESS 103 SONTERRA DR. STREET ADDRESS Dallas TX 75231-3437 **LUFKIN, TX 75901** CITY-ST-7IP CITY-ST-71P V/D STD TITLE ☐ Delete TITLE Change Addition CUSI, KENNETH 'MD Kenneth Cusi NAME 1519 Blackbird Ln STREET ADDRESS 7703 FLOYD CURL DR STREET ADDRESS San Antonio TX 78248 SAN ANTONIO, TX 78229 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE М Change ☐ Addition JONES, DONALD C Donald C Jones NAME NAME 245 Riverside Avem Suite 200 STREET ADDRESS 245 RIVERDALE AVE SUITE #200 STREET ADDRESS Jacksonville FL 32202-4933 CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition S/T/D William C. Biggs MIKLIUS, AUDREY MD NAME NAME 10260 N. CENTRAL EXPY #100N STREET ADDRESS 1215 S Coulter St Ste 400 STREET ADDRESS Amarillo TX 79106-1769 CITY-ST-ZIP DALLAS, TX 75231 CITY-ST-ZIP VD Addition ☐ Delete TITLE TITLE Change ARONOFF, STEPHEN L MD NAME NAME Audrey B. Miklius 10260 N Central Expy Ste 100N 10260 N CENTRAL EXPY #100N STREET ADDRESS STREET ADDRESS Dallas TX 75231-3437 CITY-ST-ZIP DALLAS, TX 75231 CITY-ST-ZIP ☐ Change STD TITLE Deiete TITLE Addition MCKINNEY, KEVIN H MD John A. Caras 501 Midwestern Pkwy

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 an other like empowered.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

301 UNIVERSITY BLVD. RTE 1060

mali

SIGNATURE AND TYPED OF

GALVESTON TX 77555

Donald C Jones

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/2008

Wichita Falls TX 73602

(904) 353-7878

FILED

Cate

Daytime Phone

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0200004527 1. Entity Name TEXAS CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					ATTACHMENT	
Principal Place of Business 245 RIVERDALE AVE SUITE 200 JACKSONVILLE, FL 32202		Mailing Address 245 RIVERDALE AVE SUITE 200 JACKSONVILLE, FL 32202			60023176	
2. Principal P 245 Riversio	ace of Business - No P.O. Box # le Ave	3. Mailing Address 245 Riverside Ave			Indian and	(बर्गेर
Suite, Apt. Suite 200	#, etc.	Suite, Apt. #, etc. Suite 200			03112008 Chg-NP	CR2E037 (12/06)
City & State Jacksonville FL		City & State Jacksonville FL			4. FEI Number 01-0735690	Applied For Not Applicable
Zip 32202-4933	Country US	Zip 32202-4933	2202-4933 US		5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent Name		
JONES, DO 245 RIVER	ONALD C RDALE AVE SUITE #200		-	Donald C Jones Street Address (P.O. Box Number is Not Acceptable)		ole)
JACKSONVILLE, FL 32202					side Ave, Suite 200	
<u> </u> 			-	City	::n_	FL Zip Code 32202-4933
Jacksonville 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.						
Donald C Jones 03/28/2008						
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Filling Fee Is \$61.25 Due by May 1, 2008 9. Election Campaign Financing \$5.00 May Be Added to Fees						Make check payable to orida Department of State
10.	OFFICERS AND DIR		11.		ADDITIONS/CHANGES TO OFFICE	
NAME	SLOAN, LANCE				D Steven G. Dorfman	Change Addition
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	10620 N Central Espressway Suite Dallas TX 75231	e 100N
TITLE			TITLE		D Jonathan D. Leffert	Change Addition
NAME STREET ADDRESS	7703 FLOYD CURL DR			T ADDRESS	9301 N. Central Expressway Suite 570 Dallas TX 75231-4412	
CITY-ST-ZIP			CITY-S	ST-ZIP	D	☐ Change ☐ Addition
NAME	JONES, DONALD C		NAME		Nancy D. Perrier PO Box 301402	
STREET ADDRESS CITY+ST-ZIP	245 RIVERDALE AVE SUITE #20 JACKSONVILLE, FL 32202	00	CITY-	T ADDRESS ST-ZIP	Houston TX 77230-1402	
TITLE NAME	PD MIKLIUS, AUDREY MD	☐ Delete	TITLE NAME		D Verbler I. Weste	Change Addition
STREET ADDRESS	10260 N. CENTRAL EXPY #100N	١	STREE	T ADDRESS	Kathleen L. Wyne 5323 Harry Hines Blvd. Rm Jo	5-110
CITY-ST-ZIP TITLE	DALLAS, TX 75231 VD	☐ Delete	CITY-:	ST-ZIP	Dallas TX 75390-8857	☐ Change ☐ Addition
NAME STREET ADDRESS	ARONOFF, STEPHEN L MD 10260 N CENTRAL EXPY #100N		NAME STREE	T ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75231		1	ST-ZIP	·	
TITLE NAME	STD MCKINNEY, KEVIN H MD	☐ Delete	TITLE NAME			☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	301 UNIVERSITY BLVD. RTE 100 GALVESTON, TX 77555	60	STREE	T ADDRESS ST-ZIP		
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						(904) 353-7878
\ • •	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICE	ER OR DIRECT	OR	Date	Daytime Phone #