2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N02000004527

Entity Name: TEXAS 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: 01-0735690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARONOFF, STEPHEN L
Address: 10260 N CTRL EXPY STE 100N
City-St-Zip: DALLAS, TX 752313437

Title: VD ( ) Delete
Name: CUSI, KENNETH
Address: 1519 BLACKBIRD LN
City-St-Zip: SAN ANTONIO, TX 78248

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

Title: PD ( ) Delete
Name: MIKLIUS, AUDREY MD
Address: 10260 N. CENTRAL EXPY #100N
City-St-Zip: DALLAS, TX 75231

Title: D ( ) Delete
Name: MIKLIUS, AUDREY B
Address: 10260 N CENTRAL EXPY STE 100N
City-St-Zip: DALLAS, TX 752313437

Title: D ( ) Delete
Name: CARAS, JOHN A
Address: 501 MIDWESTERN PKWY
City-St-Zip: WICHIA FALLS, TX 73602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CUSI, KENNETH MD
Address: 7703 FLOYD CURL DR
City-St-Zip: SAN ANTONIO, TX 78229 US

Title: ST (X) Change ( ) Addition
Name: WYNE, KATHLEEN L MD
Address: 6550 FANNIN ST SM1001
City-St-Zip: HOUSTON, TX 77030 US

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: BLEVINS, THOMAS C MD
Address: 6500 NORTH MOPAC , BLDG 3, STE 200
City-St-Zip: AUSTIN, TX 78731 US

Title: D (X) Change ( ) Addition
Name: SLOAN, LANCE MD
Address: 10 MEDICAL CENTER BLVD STE A
City-St-Zip: LUFKIN, TX 75904

Title: D (X) Change ( ) Addition
Name: CARAS, JOHN A
Address: 501 MIDWESTERN PKWY
City-St-Zip: WICHITA FALLS, TX 73602 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