2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
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 US

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

New Mailing Address:

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: P
Name: WYNE, KATHLEEN L MD
Address: 6550 FANNIN ST, SM1001
City-St-Zip: HOUSTON, TX 77030 US

Title: VP
Name: MCKINNEY, KEVIN H MD
Address: 301 UNIVERSITY BLVD ROUTE 1060
City-St-Zip: GALVESTON, TX 77555 US

Title: MGR
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE STE 200
City-St-Zip: JACKSONVILLE, FL 322024933 US

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

I hereby 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 all other like empowered.

SIGNATURE: DONALD C. JONES CEO 04/04/2011

Electronic Signature of Signing Officer or Director Date