2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N07000001857

Entity Name: OHIO RIVER REGIONAL CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

Current Principal Place of Business:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 322024933

New Principal Place of Business:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 322024933 US

Current Mailing Address:

245 RIVERSIDE
SUITE 200
JACKSONVILLE, FL 322024933

New Mailing Address:

245 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 322024933 US

FEI Number: 20-8498169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONESS, DONALD C
245 RIVERSIDE AVE, SUITE 200
JACKSONVILLE, FL 322024933 US

Name and Address of New Registered Agent:

JONES, DONALD C
245 RIVERSIDE AVE, SUITE 200
JACKSONVILLE, FL 322024933 US

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: DONALD C. JONES 04/02/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SKUGOR, MARIO
Address: 9500 EUCLID AVENUE (A53)
City-St-Zip: CLEVELAND, OH 441950001

Title: VD ( ) Delete
Name: FAHUNLE, OMOLARA
Address: 101 E. LIBERTY ST STE 400
City-St-Zip: LOUISVILLE, KY 402021421

Title: D ( ) Delete
Name: CHIRSTOFIDES, ELENA
Address: 72 WEST 3RD AVE
City-St-Zip: COLUMBUS, OH 43201

Title: P ( ) Delete
Name: SHANK, MYRON L
Address: 245 RIVERSIDE AVENUE, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: D ( ) Delete
Name: WESTBROCK, DAVID A
Address: 7720 C PARAGON ROAD
City-St-Zip: CENTERVILLE, OH 454594246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: LOHANO, VASDEV MD
Address: 300 NE 14TH STREET
City-St-Zip: WASHINGTON, IN 47501 US

Title: D (X) Change ( ) Addition
Name: BRUNNER, JOHN E MD
Address: 3140 WEST CENTRAL AVENUE
City-St-Zip: TOLEDO, OH 43606 US

Title: P (X) Change ( ) Addition
Name: CHRISTOFIDES, ELENA A MD
Address: 72 WEST 3RD AVE
City-St-Zip: COLUMBUS, OH 43201 US

Title: D (X) Change ( ) Addition
Name: SHANK, MYRON L
Address: 715 W NORTH STREET
City-St-Zip: LIMA, OH 45801 US

Title: MGR (X) Change ( ) Addition
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVENUE SUITE 200
City-St-Zip: JACKSONVILLE, FL 322024933 US

Title: D (X) Change ( ) Addition
Name: WESTBROCK, DAVID A MD
Address: 7720 PARAGON ROAD SUITE C
City-St-Zip: CENTERVILLE, OH 454594246 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