

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001119

FILED
Jan 11, 2010
Secretary of State

Entity Name: NEW ENGLAND CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

Current Principal Place of Business:

245 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32204

New Principal Place of Business:

245 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32202

Current Mailing Address:

245 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32204

New Mailing Address:

245 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32202

FEI Number: 32-0282099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204 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: D P
Name: HAAS, RICHARD A M.D.
Address: 200 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01605 US

Title: D VP
Name: TRIVEDI, NITIN M.D.
Address: 26 QUEEN STREET
City-St-Zip: WORCESTER, MA 01610 US

Title: D ST
Name: SULLIVAN, WILLIAM M M.D.
Address: 1 JOSLIN PLACE
City-St-Zip: BOSTON, MA 02215 US

Title: MGR
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVENUE - SUITE 200
City-St-Zip: JACKSONVILLE, FL 32202 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

MGR

01/11/2010

Electronic Signature of Signing Officer or Director

Date