2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001562

FILED Apr 04, 2011 Secretary of State

Entity Name: SOUTHERN STATES CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL

ENDOCRINOLOGISTS, INC.

Current Principal Place of Business: New Principal Place of Business:

245 RIVERSIDE AVE SUITE 200

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

245 RIVERSIDE AVE

SUITE 200

JACKSONVILLE, FL 32202 US

FEI Number: 56-2294666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, DONALD C 245 RIVERSIDE AVE SUITE 200

JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: JOHNSON, JOLENE K MD

Address: LSU-EARL K. LONG MED.CEN.-5825 AIRLINE HWY

City-St-Zip: BATON ROUGE, LA 70805 US

Title: F

 Name:
 DEY, JAYANT MD

 Address:
 4250 SOUTH EASON BLVD

 City-St-Zip:
 TUPELO, MS 38801 US

Title: S

Name: OVALLE, FERNANDO MD

Address: 510 20TH STREET SOUTH FOT SUITE 702

City-St-Zip: BIRMINGHAM, AL 35294 US

Title: MGR

 Name:
 JONES, DONALD C

 Address:
 245 RIVERSIDE AVE #200

 City-St-Zip:
 JACKSONVILLE, FL 32202 US

Title:

Name: STAHL, ELIZABETH MD
Address: 817 PRINCETON AVENUE SW
City-St-Zip: BIRMINGHAM, AL 35211 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