2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 91023 012 ****61 25

Mailroy Address 1000 RIVERSIDE ANE 1000 RIVERSIDE AND	DOCUMENT # N0200001561 1. Entity Name MICHIGAN CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.)	4-26-2004	91023 01	2 ****61	.25
Suite, Apt. #. etc.	1000 RIVERSIDE AVE. 1000 RIVERSIDE AVE.									
Suite, Apt. #. etc.	Principal Place of Business 3. Mailing Address				· · · · · · · · · · · · · · · · · · ·					
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Secretary Secr	City & State C		City & State	ity & State		4. FEI Number	-		Ar	
6. Name and Address of New Registered Agent JONES, DONALD C 1000 RIVERSIDE AVE. 205 JACKSONVILLE, FL 32204 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Filling Fee is \$\$1.25 Due by May 1, 2004 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE STOPER, SHELDON S SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P UNICE SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME JONES, DONALD C SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME JONES, DONALD C SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME JONES, DONALD C SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME JONES, DONALD C SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME JONES, DONALD C SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME JONES, DONALD C SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME JONES, DONALD C SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME JONES, DONALD C SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME JONES, DONALD C SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME JONES, DONALD C SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME JONES, DONALD C SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME JONES, DONALD C SIRET ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE, FL 32204 TILE NAME JONES ADDRESS 1000 RIVERSIDE AVE. 0017-51-2P JACKSONVILLE SILE 1000 RIVERSIDE	Zip Country Zi		Zip	p Country		5 Certificate of Status Desired S8.75 Additional				
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JONES, DONALD C 1000 RIVERSIDE AVE. 205 JACKSONVILLE, FL 32204 8. 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. i am familiar with, and accept ine obligations of registered agent. SIGNATURE Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent				 					
City FL Zip Code	1000 RÍVERSIDE AVE. 205			·						
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lyned or printed name of registered agent and side if apolicable (NOTE: Registered Agent agritture required when reintableng) DATE					03				1 7 0 -	
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indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2404 (904)353-2525-