

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90083 012 ****61.25

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03232007 Chg-NP CR2E037 (12/06)

DOCUMENT # N02000001561 1. Entity Name MICHIGAN CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					
Principal Place of Business 1000 RIVERSIDE AVE. JACKSONVILLE, FL 32204				Mailing Address 1000 RIVERSIDE AVE. JACKSONVILLE, FL 32204	
2. Principal Place of Business - No P.O. Box # 245 Riverside Ave		3. Mailing Address 245 Riverside Ave			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32202	Country USA	Zip 32202	Country USA	4. FEI Number 02-0591549	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, DONALD C 1000 RIVERSIDE AVE. 205 JACKSONVILLE, FL 32204				7. Name and Address of New Registered Agent Name JONES, DONALD C. Street Address (P.O. Box Number is Not Acceptable) 245 RIVERSIDE AVE, SUITE 200 City JACKSONVILLE, FL Zip Code 32202	
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 the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Donald C. Jones <small>(NOTE: Registered Agent signature required when reinstating)</small>		03/26/2007 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUNDBERGER, GEORGE MD 43494 WOODWARD AVE, # 208 BLOOMFIELD HILLS, MI 48302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 245 RIVERSIDE AVE, #200 JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOFFER, SHELDON MD 30055 NORTHWESTERN HWY, SUITE 150 FARMINGTON, MI 483343211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 1000 RIVERSIDE AVE. SUITE 205 JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		Donald C. Jones, CEO		03/26/2007 904-353-7878	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	