## 2007 NOT-FOR-PROFIT CORPORATION

## FILED Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90083 012 \*\*\*\*61.25

ANNUAL REPORT							
DOCUMENT # NO200001564	410						

Malifor Address MOCSOWILLE, PL 32204  **NORTHEROPE AVE MO	1. Entity Name MICHIGAN CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.			04-02-2007 90083 012 01.23						
245 R.I.Vezaside Ave	1000 RIVERS	IDE AVE.	1000 RIVERSIDE AVE.	4		40046	715			
Suit c. p. 14. etc. Suit c. p.			· •	ve						
Sacksonville, FL   Sacksonville, FL   Sacksonville, FL   Country   Sacksonville, FL   S	Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.			03232007 <sub>CI</sub>	hg-NP CF	R2E037 (12/06)			
Supervision						.9	<u> </u>			
The state of the purpose of changing as registered Agent   1. Name and Address of New Registered Agent   1. Name   1.00 REVERSIDE AVE.   1.00 REVERSIDE A	Zip W	Country	Žip Žip	Country				\$8.75 Add	litional	
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 algent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.  SIGNATURE  FILING Fee is \$61.25  Due by May 1, 2007  9. Election Carmosity Financing Trust Fund Contribution.  Filling Fee is \$61.25  Due by May 1, 2007  9. Election Carmosity Financing Trust Fund Contribution.  FILING Fee is \$61.25  Due by May 1, 2007  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  OR GRUNDBERGER, GEORGE MD STIET ADDRESS  OTH 51-79  FRAININGTON, MI 48334211  THE  ONE OFFICERS AND DIRECTORS IN 10  OTHER TRUST ADDRESS  OTH 51-79  JACKSONVILLE, FL 32202  10. OFFICERS AND DIRECTORS IN 10  TITLE  OR GRUNDBERGER, GEORGE MD STIET ADDRESS  OTH 51-79  JACKSONVILLE, FL 32202  THE MAY  STORMAN MAY  STORMAN MAY  STORMAN MAY  JONES, DONALD C  OTHER TRUST  OTHER TRUST  OTHER TRUST  OTHER TRUST  ACKSONVILLE, FL 32202  THE MAY  STORMAN MAY  JONES, DONALD C  OTHER TRUST  OTHER TRUST  OTHER TRUST  ACKSONVILLE, FL 32202  THE MAY  STORMAN MAY  JONES, DONALD C  OTHER TRUST  OTHER TRUST  OTHER TRUST  OTHER TRUST  OTHER TRUST  OTHER TRUST  ACKSONVILLE, FL 32202  THE MAY  STORMAN MAY  JONES, DONALD C  OTHER TRUST  ACKSONVILLE, FL 32204  THE MAY  JONES, DONALD C  OTHER TRUST  OTHER TRUST  OTHER TRUST  OTHER TRUST  OTHER TRUST  OTHER TRUST  ACKSONVILLE, FL 32204  THE MAY  ACKSONVILLE, FL 32204  THER MAY  STORMAN MAY  JONES, DONALD C  OTHER TRUST  OTHER TRUST  OTHER TRUST  OTHER TRUST  OTHER TRUST  OTHER TRUST  ACKSONVILLE, FL 32204  THE MAY  THER MAY  ACKSONVILLE, FL 32204  THE MAY  ACKSONVILLE, FL 32204  THE MAY  THER MAY  ACKSONVILLE, FL 32204  THE MAY  THER MAY  ACKSONVILLE, FL 32204  THE MAY  ACKSONVILLE, FL 32204  THE MAY  ACKSONVILLE, FL 32204  THE MAY						7. Name and Add	ress of New Regis	tered Agent		
Exp. The above named entity submits this statement for the purpose of changing its registered diffect or registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Donald C. Jones   Donald	JONES, DONALD C         JONES           1000 RIVERSIDE AVE.         Street Ac           205         245 R				fdress (l	ess (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE	C			, ,						
SIGNATURE    Signature, typed or primed name of works & poer and tills if aspiciable. (NOTE Registered Apart signature required when reinstalling)   DATE			the purpose of changing its re				the State of Florida.	132202	and accept	
Filing Foe is \$61.25 Due by May 1, 2007  Title D GRUNDBERGER, GEORGE MD GRUNDBERGER, GEORGE MD SIRET ADDRESS OITY-S1-2P FARMINGTON, MI 483343211  TITLE MAKE STRET ADDRESS OITY-S1-2P JACKSONVILLE, FL 32204  TITLE MAKE STRET ADDRESS OITY-S1-2P	SIGNATURE Donald C. Jones 03/26/2007									
Trust Fund Contribution.   Added to Fees   Florida Department of State    10.		Signature, types or printed harns or register or agent a	<del>-</del>		ie iadonao	wiell felistenist				
TITLE NAME GRUNDBERGER, GEORGE MD STREET ADDRESS CITY-ST-ZIP  TITLE D STOREST ADDRESS CITY-ST-ZIP  TITLE NAME STORESS CITY-ST-ZIP  TITLE NAME STORESS CITY-ST-ZIP  TITLE NAME STORESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	,	•				Added to Fees	Florida	Department of S	ate	
NAME SIRRET ADDRESS CITY-ST-2P  RECOMPLEASE CITY-ST-2P  RECOMPRIELD HILLS, MI 48302  Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P  TITLE NAME SIRRE						ADDITIONS/CHANG	ES TO OFFICERS A			
TITLE STOFFER, SHELDON MD SIRET ADDRESS CITY-ST-ZIP FARMINGTON, MI 483434211  TITLE MM JONES, DONALD C SIRET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204  TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, THE INFORMATION STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, THE INFORMATION STREET ADDRESS CITY-ST-ZIP JACKSON	NAME STREET ADDRESS	GRUNDBERGER, GEORGE MD  43494 WOODWARD AVE, # 208  STREE			JONES, DONALD C 245 RIVERSIDE AVE, #200					
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NAME STREET ADDRESS CITY-S1-ZIP  TITLE    Delete   TITLE   NAME STREET ADDRESS   STREET ADDRESS   CITY-S1-ZIP   Change   Addition  NAME STREET ADDRESS   STREET ADDRESS   CITY-S1-ZIP   Change   Addition  NAME STREET ADDRESS   STREET ADDRESS   CITY-S1-ZIP   Change   Addition  NAME STREET ADDRESS   CITY-S1-ZIP    TITLE   Delete   TITLE   ADDRESS   CITY-S1-ZIP   Change   Addition  NAME STREET ADDRESS   CITY-S1-ZIP   STREET ADDRESS   CITY-S1-ZIP    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	NAME STREET ADDRESS	JONES, DONALD C 1000 RIVERSIDE AVE. SUITE 20		NAME STREET ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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	NAME STREET ADDRESS		☐ Delete	name Street adoress	·			☐ Change	Addition	
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SIGNATURE: Donald C. Jones, CEO 03/26/2007 904-353-7878  BIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Dayline Proper	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.									
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