

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90023 032 ****61.25

DOCUMENT # N02000001561

1. Entity Name
**MICHIGAN CHAPTER OF THE AMERICAN ASSOCIATION
OF CLINICAL ENDOCRINOLOGISTS, INC.**



Principal Place of Business
**245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202**

Mailing Address
**245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202**

60023169



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
02-0591549

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, DONALD C
245 RIVERSIDE AVE SUITE 200
200
JACKSONVILLE, FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GRUNDBERGER, GEORGE MD**
STREET ADDRESS **43494 WOODWARD AVE, # 208**
CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48302**

TITLE **D** ☐ Delete
NAME **STOFFER, SHELDON MD**
STREET ADDRESS **30055 NORTHWESTERN HWY, SUITE 150**
CITY-ST-ZIP **FARMINGTON, MI 483343211**

TITLE **M** ☐ Delete
NAME **JONES, DONALD C**
STREET ADDRESS **245 RIVERSIDE AVE SUITE 200**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 any other like empowered.

SIGNATURE:

Donald C Jones

Donald C Jones

03/27/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #