

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001561

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202

New Principal Place of Business:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

Current Mailing Address:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202

New Mailing Address:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

FEI Number: 02-0591549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 () Delete
Name: GRUNDBERGER, GEORGE MD
Address: 43494 WOODWARD AVE, # 208
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: D () Delete
Name: STOFFER, SHELDON MD
Address: 30055 NORTHWESTERN HWY, SUITE 150
City-St-Zip: FARMINGTON, MI 483343211

Title: M () Delete
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE SUITE 200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GRUNBERGER, GEORGE MD
Address: 43494 WOODWARD AVE STE 208
City-St-Zip: BLOOMFIELD HILLS, MI 48302 US

Title: D (X) Change () Addition
Name: GOSSAIN, VED V MD
Address: 138 SERVICE ROAD B323 CLIN. CENTER BLDG
City-St-Zip: EAST LANSING, MI 48824 US

Title: MGR (X) Change () Addition
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE SUITE 200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DST () Change (X) Addition
Name: TOLIA, KIRIT MD
Address: 22255 GREENFIELD ROAD SUITE 130
City-St-Zip: SOUTHFIELD, MI 48075 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD C. JONES

MGR

04/21/2009

Electronic Signature of Signing Officer or Director

Date