

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001561

**FILED**  
**Mar 30, 2011**  
**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 US

**New Principal Place of Business:**

**Current Mailing Address:**

245 RIVERSIDE AVE  
SUITE 200  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

**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: P  
Name: GRUNBERGER, GEORGE MD  
Address: 43494 WOODWARD AVE STE 208  
City-St-Zip: BLOOMFIELD HILLS, MI 48302 US

Title: VP  
Name: GOSSAIN, VED V MD  
Address: 138 SERVICE ROAD B323 CLIN. CENTER BLDG  
City-St-Zip: EAST LANSING, MI 48824 US

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

Title: ST  
Name: TOLIA, KIRIT MD  
Address: 22255 GREENFIELD ROAD SUITE 130  
City-St-Zip: SOUTHFIELD, MI 48075 US

I hereby 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 all other like empowered.

SIGNATURE: DONALD C. JONES

CEO

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date