

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2007 90083 004 ****61.25

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1. Entity Name
**TRI-STATES 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**

40046723



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

03232007 Chg-NP CR2E037 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
56-6597275

Applied For
Not Applicable

Zip
32202

Country
USA

Zip
32202

Country
USA

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
1000 RIVERSIDE AVE.
SUITE 205
JACKSONVILLE, FL 32204**

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

Donald C. Jones

Donald C. Jones

03/26/2007

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME MCNALLY, MARIO MD
STREET ADDRESS 3525 PRYTANIA ST #526
CITY-ST-ZIP NEW ORLEANS, LA 70115

TITLE PD ☒ Change ☐ Addition
NAME BURSHELL, ALAN L. MD
STREET ADDRESS 1514 JEFFERSON HWY.
CITY-ST-ZIP NEW ORLEANS, LA 70121

TITLE PED ☐ Delete
NAME BURSHELL, ALAN L MD
STREET ADDRESS 1514 JEFFERSON HWY
CITY-ST-ZIP NEW ORLEANS, LA 70121

TITLE PED ☒ Change ☐ Addition
NAME WISE, STEVEN D MD
STREET ADDRESS 1118 ROSSCLARK CIR STE 100
CITY-ST-ZIP DOTHAN, AL 36301

TITLE SD ☐ Delete
NAME WISE, STEVEN D MD
STREET ADDRESS 1118 ROSS CLARK CIR 100
CITY-ST-ZIP DOTHAN, AL 36301

TITLE SD ☐ Change ☒ Addition
NAME KALIEBE, OLGA MD
STREET ADDRESS 2005 VETERANS BLVD.
CITY-ST-ZIP METAIRIE, LA 70002

TITLE M ☐ Delete
NAME JONES, DONALD C
STREET ADDRESS 1000 RIVERSIDE AVE. SUITE 205
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE TD ☐ Change ☒ Addition
NAME PAGE, CASEY J MD
STREET ADDRESS 1450 DOWELL SPRINGS BLVD #300
CITY-ST-ZIP KNOXVILLE, TN 37909

TITLE PPD ☒ Delete
NAME MCNALLY, MARIO R MD
STREET ADDRESS 3525 PRYTANIA ST 526
CITY-ST-ZIP NEW ORLEANS, LA 70115

TITLE PPD ☐ Change ☒ Addition
NAME SISTRUNK, J WOODY MD
STREET ADDRESS 1151 N STATE ST, #601
CITY-ST-ZIP JACKSON, MS 39202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M ☒ Change ☐ Addition
NAME JONES, DONALD C
STREET ADDRESS 245 RIVERSIDE AVE., #200
CITY-ST-ZIP JACKSONVILLE, FL 32202

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

Donald C. Jones, CEO

03/26/2007

904-353-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #