2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: SOUTHERN STATES 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: 56-2294666 **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
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: VP
Name: CHAVA, PAVAN MD
Address: 1000 OCHSNER BLVD
City-St-Zip: COVINGTON, LA 70433 US

Title: S
Name: SHEPHERD, MARK D MD
Address: 670 CROSSOVER RD.
City-St-Zip: TUPELO, MS 38801 US

Title: P
Name: OVALLE, FERNANDO MD
Address: 510 20TH STREET SOUTH FOT SUITE 702
City-St-Zip: BIRMINGHAM, AL 35294 US

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

Title: T
Name: STAHL, ELIZABETH MD
Address: 817 PRINCETON AVENUE SW
City-St-Zip: BIRMINGHAM, AL 35211 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 04/10/2012

Electronic Signature of Signing Officer or Director Date