

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2007 90083 005 \*\*\*\*61.25

**DOCUMENT # N02000001563**

1. Entity Name  
**CALIFORNIA 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**

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**

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32202**

Country

**USA**

Zip

**32202**

Country

**USA**

03232007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**01-0676431**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

**JONES, DONALD C  
1000 RIVERSIDE AVE.  
205  
JACKSONVILLE, FL 32204**

## 7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete  
NAME **HANDELSMAN, YAHUDA MD**  
STREET ADDRESS **18372 CLARK ST #212**  
CITY-ST-ZIP **TARZANA, CA 913562828**

TITLE PPD ☒ Delete  
NAME **MOGHISSI, ETIE S MD**  
STREET ADDRESS **501 E. HARDY ST #110**  
CITY-ST-ZIP **INGLEWOOD, CA 903014015**

TITLE TD ☐ Delete  
NAME **RETTINGER, HERBERT**  
STREET ADDRESS **1211 W LA PALMA AVE #707**  
CITY-ST-ZIP **ANAHEIM, CA 928012814**

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

TITLE SD ☐ Delete  
NAME **ZIGRANG202, WILLIAM D MD**  
STREET ADDRESS **1750 EL CAMINO REAL**  
CITY-ST-ZIP **BURLINGAME, CA 940103214**

TITLE VD ☐ Delete  
NAME **GAVIN, LAWRENCE A MD**  
STREET ADDRESS **1800 SULLIVAN AVE 408**  
CITY-ST-ZIP **DALY CITY, CA 94015**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PPD ☒ Change ☐ Addition  
NAME **HANDELSMAN, YEHUDA MD**  
STREET ADDRESS **18372 CLARK ST #212**  
CITY-ST-ZIP **TARZANA, CA 91356-2828**

TITLE VPD ☒ Change ☐ Addition  
NAME **RETTINGER, HERBERT I. MD**  
STREET ADDRESS **1211 W LA PALMA AVE, SUITE 707**  
CITY-ST-ZIP **ANAHEIM, CA 92801**

TITLE PD ☒ Change ☐ Addition  
NAME **GAVIN, LAWRENCE A. MD**  
STREET ADDRESS **1800 SULLIVAN AVE., SUITE 408**  
CITY-ST-ZIP **DALY CITY, CA 94015**

TITLE TD ☒ Change ☐ Addition  
NAME **ZIGRANG, WILLIAM D. MD**  
STREET ADDRESS **1750 EL CAMINO REAL, SUITE 202**  
CITY-ST-ZIP **BURLINGAME, CA 94010**

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

TITLE SD ☐ Change ☒ Addition  
NAME **BAILEY, TIMOTHY S. MD**  
STREET ADDRESS **700 WEST EL NORTE PARKWAY, SUITE 201**  
CITY-ST-ZIP **ESCONDIDO, CA 92026**

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 #