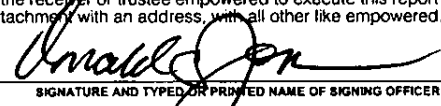


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90023 035 ****61.25

DOCUMENT # N02000001563					
1. Entity Name CALIFORNIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					
Principal Place of Business 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202			Mailing Address 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0676431	
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 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PPD HANDELSMAN, YAHUDA MD 18372 CLARK ST #212 TARZANA, CA 913562828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, TIMOTHY S MD 700 WEST EL NORTE PKWY, STE 201 ESCONDIDO, CA 92026	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RETTINGER, HERBERT I MD 1211 W LA PALMA AVE #707 ANAHEIM, CA 928012814	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 245 RIVERSIDE AVE #200 JACKSONVILLE, FL 32202	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIGRANG, WILLIAM D MD 1750 EL CAMINO REAL, SUITE 202 BURLINGAME, CA 94010	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAVIN, LAWRENCE A MD 1800 SULLIVAN AVE 408 DALY CITY, CA 94015	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Laurence A. Gavin 1800 Sullivan Ave Rm 408 Daly City CA 94015-2224	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Herbert Rettinger 2617 E. Chapman Ave. Suite 105 Orange CA 92869	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D William Zigrang 1750 El Camino Real Ste 202 Burlingame CA 94010-3214	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP/D Yehuda Handelsman 18372 Clark St. #212 Tarzana CA 91356-2828	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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		03/27/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

60023166



03112008 Chg-NP CR2E037 (12/06)

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001563						ATTACHMENT 60023166	
1. Entity Name CALIFORNIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.							
Principal Place of Business 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202				Mailing Address 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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				7. Name and Address of New Registered Agent			
JONES, DONALD C 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202				Name Street Address (P.O. Box Number is Not Acceptable) City			
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				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PPD NAME HANDELSMAN, YAHUDA MD STREET ADDRESS 18372 CLARK ST #212 CITY-ST-ZIP TARZANA, CA 913562828	☐ Delete			TITLE D NAME Daniel Einhorn STREET ADDRESS 9850 Genesee Ave Ste 415 CITY-ST-ZIP La Jolla CA 92037-1208	☐ Change ☒ Addition		
TITLE SD NAME BAILEY, TIMOTHY S MD STREET ADDRESS 700 WEST EL NORTE PKWY, STE 201 CITY-ST-ZIP ESCONDIDO, CA 92026	☐ Delete			TITLE D NAME David A. Chappell STREET ADDRESS 813 Marble Way CITY-ST-ZIP Petaluma CA 94954-8594	☐ Change ☒ Addition		
TITLE VPD NAME RETTINGER, HERBERT I MD STREET ADDRESS 1211 W LA PALMA AVE #707 CITY-ST-ZIP ANAHEIM, CA 928012814	☐ Delete			TITLE D NAME Etie S. Moghissi STREET ADDRESS 501 E Hardy St Ste 110 CITY-ST-ZIP Inglewood CA 90301-4015	☐ Change ☒ Addition		
TITLE M NAME JONES, DONALD C STREET ADDRESS 245 RIVERSIDE AVE #200 CITY-ST-ZIP JACKSONVILLE, FL 32202	☐ Delete			TITLE D NAME Joseph B. Hawkins STREET ADDRESS 7230 N Millbrook Ave CITY-ST-ZIP Fresno CA 93720-3340	☐ Change ☒ Addition		
TITLE TD NAME ZIGRANG, WILLIAM D MD STREET ADDRESS 1750 EL CAMINO REAL, SUITE 202 CITY-ST-ZIP BURLINGAME, CA 94010	☐ Delete			TITLE D NAME Michael A. Bush STREET ADDRESS 8920 Wilshire Blvd Ste 635 CITY-ST-ZIP Beverly Hills CA 90211-2010	☐ Change ☒ Addition		
TITLE PD NAME GAVIN, LAWRENCE A MD STREET ADDRESS 1800 SULLIVAN AVE 408 CITY-ST-ZIP DALY CITY, CA 94015	☐ Delete			TITLE D NAME Nancy J.V Bohannon STREET ADDRESS 1580 Valencia St Rm 504 CITY-ST-ZIP San Francisco CA 94110-4415	☐ Change ☒ Addition		
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SIGNATURE:				Donald C Jones		03/27/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001563

1. Entity Name
CALIFORNIA CHAPTER OF THE AMERICAN
ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.



ATTACHMENT

Principal Place of Business
245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202

Mailing Address
245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202

60023166

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
01-0676431

Applied For
Not Applicable

Zip Country

Zip Country

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
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SUITE 200
JACKSONVILLE, FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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SIGNATURE

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, 2008

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

TITLE SD ☐ Delete
NAME BAILEY, TIMOTHY S MD
STREET ADDRESS 700 WEST EL NORTE PKWY, STE 201
CITY-ST-ZIP ESCONDIDO, CA 92026

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

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

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

TITLE PD ☐ 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 D ☐ Change ☒ Addition
NAME Naomi D. Neufeld
STREET ADDRESS 8733 Beverly Blvd., # 202
CITY-ST-ZIP Los Angeles CA 90048-1844

TITLE D ☐ Change ☒ Addition
NAME Robert R. Henry
STREET ADDRESS 3350 La Jolla Village Dr, Vasdhs (111G)
CITY-ST-ZIP San Diego CA 92161-0001

TITLE D ☐ Change ☒ Addition
NAME Steven V. Edelman
STREET ADDRESS 3350 La Jolla Village Dr.
CITY-ST-ZIP San Diego CA 92161

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

Donald C Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald C Jones

03/27/2008

Date

Daytime Phone #