2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N02000001563

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

Current Principal Place of Business:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 01-0676431 **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: IPPD ( ) Delete
Name: HANDELSMAN, YAHUDA MD
Address: 18372 CLARK ST #212
City-St-Zip: TARZANA, CA 913562828

Title: SD ( ) Delete
Name: BAILEY, TIMOTHY S MD
Address: 700 WEST EL NORTE PKWY, STE 201
City-St-Zip: ESCONDIDO, CA 92026

Title: VD ( ) Delete
Name: RETTINGER, HERBERT I MD
Address: 2617 E CHAPMAN AVE., SUITE 105
City-St-Zip: ANAHEIM, CA 928012814

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

Title: TD ( ) Delete
Name: ZIGRANG, WILLIAM D MD
Address: 1750 EL CAMINO REAL, SUITE 202
City-St-Zip: BURLINGAME, CA 940103214

Title: PD ( ) Delete
Name: GAVIN, LAWRENCE A MD
Address: 1800 SULLIVAN AVE 408
City-St-Zip: DALY CITY, CA 940152224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HANDELSMAN, YEHUDA MD
Address: 18372 CLARK ST #212
City-St-Zip: TARZANA, CA 913562828 US

Title: T (X) Change ( ) Addition
Name: BAILEY, TIMOTHY S MD
Address: 700 WEST EL NORTE PKWY, STE 201
City-St-Zip: ESCONDIDO, CA 92026 US

Title: P (X) Change ( ) Addition
Name: RETTINGER, HERBERT I MD
Address: 2617 E. CHAPMAN AVE., SUITE 105
City-St-Zip: ORANGE, CA 92869 US

Title: MGR (X) Change ( ) Addition
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE STE 200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VP (X) Change ( ) Addition
Name: ZIGRANG, WILLIAM D MD
Address: 1750 EL CAMINO REAL, SUITE 202
City-St-Zip: BURLINGAME, CA 940103214 US

Title: D (X) Change ( ) Addition
Name: MOGHISSI, ETIE S MD
Address: 4644 LINCOLN BLVD. STE 409
City-St-Zip: MARINA DEL RAY, CA 90292 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD C. JONES MGR 04/02/2009

Electronic Signature of Signing Officer or Director — Date