

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001563

FILED
Feb 11, 2010
Secretary of State

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:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

Current Mailing Address:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202

New Mailing Address:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

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: D
Name: HANDELSMAN, YEHUDA MD
Address: 18372 CLARK ST #212
City-St-Zip: TARZANA, CA 913562828 US

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

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

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

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

Title: D
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 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

MGR

02/11/2010

Electronic Signature of Signing Officer or Director

Date