

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001563

FILED
Mar 24, 2011
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 US

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

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: D
Name: BOHANNON, NANCY MD
Address: 1580 VALENCIA STREET, ROOM 204
City-St-Zip: SAN FRANCISCO, CA 94110 US

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

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

03/24/2011

Electronic Signature of Signing Officer or Director

Date