

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90387 007 ****61.25

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1. Entity Name
**MID-ATLANTIC CHAPTER OF THE AMERICAN
ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**



Principal Place of Business
**1000 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204**

Mailing Address
**1000 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204**

60023370



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222006

Chg-NP

CR2E037 (11/05)

4. FEI Number
11-3642514

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
1000 RIVERSIDE AVENUE
205
JACKSONVILLE, FL 32204**

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

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, 2006**

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 PD ☐ Delete
NAME ROBBARD, HELENA M.D.
STREET ADDRESS 15001 SHADY GROVE ROAD, SUITE 320
CITY-ST-ZIP ROCKVILLE, MD 20850

TITLE PD ☒ Change ☐ Addition
NAME SAFA, ALI M MD
STREET ADDRESS 301 MAPLE AVE W #3-A
CITY-ST-ZIP VIENNA, VA 22180

TITLE TD ☐ Delete
NAME DEMPSEY, MICHAEL M.D.
STREET ADDRESS 15001 SHADY GROVE ROAD, SUITE 320
CITY-ST-ZIP ROCKVILLE, MD 20850

TITLE VD ☒ Change ☐ Addition
NAME BOLOGNESE, MICHAEL A MD
STREET ADDRESS 10215 FERNWOOD RD, #40
CITY-ST-ZIP BETHESDA, MD 20817

TITLE SD ☐ Delete
NAME BOLOGNESE, MICHAEL M.D.
STREET ADDRESS 10215 FERNWOOD ROAD, SUITE 40
CITY-ST-ZIP BETHESDA, MD 20817

TITLE SD ☒ Change ☐ Addition
NAME DEMPSEY, MICHAEL A MD
STREET ADDRESS 15001 SHADY GROVE RD #320
CITY-ST-ZIP ROCKVILLE, MD 20850

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

TITLE TD ☐ Change ☒ Addition
NAME STEELE, A ARTHUR MD
STREET ADDRESS 424 COMMERCE RD
CITY-ST-ZIP STAUNTON, VA 24401

TITLE VD ☐ Delete
NAME SAFA, M.D., ALI
STREET ADDRESS 301 MAPLE AVE WEST # 3-A
CITY-ST-ZIP VIENNA, VA 22180

TITLE PPD ☒ Change ☐ Addition
NAME ROBBARD, HELENA W MD
STREET ADDRESS 15001 SHADY GROVE RD #320
CITY-ST-ZIP ROCKVILLE, MD 20850

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

03/27/2006

904-353-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #