2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90083 009 ****61.25

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

40046718

Principal Place of Business	Mailing Address
1000 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	1000 RIVERSIDE AVENUE JACKSONVILLE, FL 32204

03232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
245 Riverside Ave	245 Riverside Ave
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32202 Country: USA	Zip: 32202 Country: USA

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

JONES, DONALD C
1000 RIVERSIDE AVENUE
205
JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

Name: JONES, DONALD C.
Street Address (P.O. Box Number is Not Acceptable): 245 RIVERSIDE AVE, SUITE 200
City: JACKSONVILLE, FL Zip Code: 32202

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: Donald C. Jones — Donald C. Jones — 03/26/2007
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, 2007

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	PD SAFA, ALI M MD 301 MAPLE AVE W #3-A VIENNA, VA 22180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STEELE, A. ARTHUR MD 424 COMMERCE RD STAUNTON, VA 24401	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOLOGNESE, MICHAEL A MD 10215 FERNWOOD RD., #40 BETHESDA, MD 20817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M JONES, DONALD C 245 RIVERSIDE AVE, #200 JACKSONVILLE, FL 32202	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEMPSEY, MICHAEL A MD 15001 SHADY GROVE RD., #320 ROCKVILLE, MD 20850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STEELS, ARTHUR A MD 424 COMMERCE ROAD STAUNTON, VA 24401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD RODBARD, HELENA W MD 15001 SHADY GROVE RD., #320 ROCKVILLE, MD 20850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 — Donald C. Jones, CEO — 03/26/2007 — 904-353-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #