

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003201

FILED  
Mar 29, 2011  
Secretary of State

**Entity Name:** MID-ATLANTIC 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:** 11-3642514      **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:** P  
**Name:** LEDDY, ANNE L MD  
**Address:** 704 THIMBLE SHOALS BLVD, STE 300A  
**City-St-Zip:** NEWPORT NEWS, VA 23606 US

**Title:** VP  
**Name:** SHAKIR, MOHAMED K MD  
**Address:** 8901 WISCONSIN AVE  
**City-St-Zip:** BETHESDA, MD 20889 US

**Title:** S  
**Name:** SABERI, MANSOUR MD  
**Address:** 353 SAVANNAH RD  
**City-St-Zip:** LEWES, DE 19958

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

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

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date