2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 07, 2005 8:00 am Secretary of State

DOCUMENT # N02000003203 1. Entity Name NEW ENGLAND CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.									04-07-2005	90021 01	2 ****61	.25
1000 RIVERSIDE AVENUE 100			1000	Mailing Address 1000 RIVERSIDE AVENUE JACKSONVILLE, FL 32204								
Principal Place of Business 3.		3. Mai	3. Mailing Address									
Suite, Apt. #, etc.		9,	Suite, Apt. #, etc.					16111 #2411 # #188 11		MMOI BY 1881		
		<u> </u>					03282005	Chg-NP	CR2E03	37 (10/03)		
City & State			Cit	City & State				4. FEI Numbe 02-0632				oplied For ot Applicable
Zip	Zip Country		Zip	Zip Cou			5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
JONES, D	ONALD C					Name						
1000 RIVERSIDE AVENUE SUITE 205						Street A	Street Address (P.O. Box Number is Not Acceptable)					
JACKSON		. 32204									·	
					City				FL	Zip Cod	le	
	named entit tions of regist	y submits this statement for tered agent.	the purp	ose of changing its	register	ed office o	r register	ed agent, or both	n, in the State of	Florida. I am	amiliar with,	and accept
SIGNATURE .	Classic August											
	Signature, typed	or printed name of registered agent a	ind title if app	olicable. (NOTE	: Registere	d Agent signa	ure required	when reinstating)		OATE		
	Filing Fe	to printed name of registered agent a re is \$61.25 flay 1, 2005	and title if app	9. Election Car Trust Fund C	npaign F	inancing	Live required	\$5.00 May Bo Added to Fees	10 140 140 140 140 140 140 140 140 140 14	Make check orida Depar	payable t	o* : tate
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indicated on this report or supplied with rits liling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this report or supplied with rits liling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this report or supplied with rits liling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this report or supplied with rits liling does not qualify to the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(), Florida Statutes. I further certified in Section 119.07(3)(), Florida Statutes. I fur

SIGNATURE:

AMS CD CO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR