


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-07-2005 90021 012 ****61.25

DOCUMENT # N02000003203					
1. Entity Name NEW ENGLAND 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0632110	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 SUITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D	NAME GARBER, JEFFREY M.D.		TITLE D	NAME Garber, Jeffrey MD	
STREET ADDRESS 1000 RIVERSIDE AVENUE	CITY - ST - ZIP JACKSONVILLE, FL 32204		STREET ADDRESS 133 Brookline Ave	CITY - ST - ZIP Boston, MA 02215-3904	
TITLE D	NAME SPARK, RICHARD M.D.		TITLE D	NAME Spark, Richard MD	
STREET ADDRESS 1000 RIVERSIDE AVENUE	CITY - ST - ZIP JACKSONVILLE, FL 32204		STREET ADDRESS 25 Boylston St Suite 312	CITY - ST - ZIP Chestnut Hill, MA 02467-1710	
TITLE M	NAME JONES, DONALD C		TITLE 	NAME 	
STREET ADDRESS 1000 RIVERSIDE AVE. SUITE 205	CITY - ST - ZIP JACKSONVILLE, FL 32204		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 	CITY - ST - ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Donald Jones</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
3/30/05			(904) 353-7878		