

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90083 014 \*\*\*\*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**

**40046713**



2. Principal Place of Business - No P.O. Box #  
**245 Riverside Ave**

3. Mailing Address  
**245 Riverside Ave**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**Suite 200**

**03232007 Chg-NP CR2E037 (12/06)**

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

4. FEI Number  
**02-0632110**

Applied For  
Not Applicable

Zip Country  
**32202 USA**

Zip Country  
**32202 USA**

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  
SUITE 205  
JACKSONVILLE, FL 32204**

Name  
**JONES, DONALD C.**  
Street Address (P.O. Box Number is Not Acceptable)  
**245 RIVERSIDE AVE, SUITE 200**

City Zip Code  
**JACKSONVILLE, FL 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 D ☐ Delete  
NAME **GARBER, JEFFREY M.D.**  
STREET ADDRESS **133 BROOKLINE DR**  
CITY-ST-ZIP **BOSTON, MA 022153904**

TITLE M ☒ Change ☐ Addition  
NAME **JONES, DONALD C**  
STREET ADDRESS **245 RIVERSIDE AVE., #200**  
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE D ☐ Delete  
NAME **SPARK, RICHARD M.D.**  
STREET ADDRESS **25 BOYLSTON ST STE 312**  
CITY-ST-ZIP **CHESTNUT HILL, MA 024671710**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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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, CEO** **03/26/2007** **904-353-7878**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #