2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003204

FILED Apr 04, 2011 Secretary of State

Entity Name: NEW JERSEY CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS,

INC

Current Principal Place of Business: New Principal Place of Business:

245 RIVERSIDE AVE SUITE 200

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

245 RIVERSIDE AVE SUITE 200

JACKSONVILLE, FL 32202 US

FEI Number: 54-2063666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, DONALD C 245 RIVERSIDE AVE SUITE #200 JACKSONVILLE, FL 32202 US

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: MGR

Name: JONES, DONALD C

Address: 245 RIVERSIDE AVE STE 200
City-St-Zip: JACKSONVILLE, FL 322024933 US

Title: VP

Name: RAGHUWANSHI, MAYA P MD Address: 185 SOUTH ORANGE AVE, MSB I-588

City-St-Zip: NEWARK, NJ 07103

Title: ST

Name: ERTEL, NORMAN H MD Address: 140 TURRELL AVE

City-St-Zip: SOUTH ORANGE, NJ 07079 US

Title: VP

Name: ROSENFELD, CHERYL R DO Address: 1 INDIAN ROAD SUITE 8 City-St-Zip: DENVILLE, NJ 07834 US

Title: F

Name: CALDARELLA, FELICE A MD Address: 9100 WESCOTT DR STE 101 City-St-Zip: FLEMINGTON, NJ 08822 US

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 04/04/2011