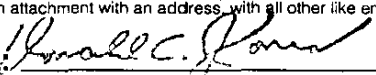


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2007 90083 011 ****61.25

DOCUMENT # N02000003206					
1. Entity Name LOWER NEW YORK 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 - No P.O. Box # 245 Riverside Ave		3. Mailing Address 245 Riverside Ave			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32202	Country USA	Zip 32202	Country USA	4. FEI Number 01-0935703	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, DONALD C 1000 RIVERSIDE AVENUE 205 JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name JONES, DONALD C. Street Address (P.O. Box Number is Not Acceptable) 245 RIVERSIDE AVE, SUITE 200 City JACKSONVILLE, FL Zip Code 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		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. <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 HERSHON, KENNETH M.D. STREET ADDRESS 41 MEADOW WOODS RD CITY - ST - ZIP GREAT NECK, NY 11020	<input type="checkbox"/> Delete		TITLE M NAME JONES, DONALD C STREET ADDRESS 245 RIVERSIDE AVE, #200 CITY - ST - ZIP JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BERGMAN, DONALD M.D. STREET ADDRESS 1199 PARK AVE STE 1F CITY - ST - ZIP NEW YORK, NY 10128	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SACHMECHI, ISAACE M.D. STREET ADDRESS 8268 164TH ST CITY - ST - ZIP JAMAICA, NY 11432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE M NAME JONES, DONALD C STREET ADDRESS 1000 RIVERSIDE AVE. SUITE 205 CITY - ST - ZIP JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, CEO		03/26/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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03232007 Chg-NP CR2E037 (12/06)