2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2008 8:00 am Secretary of State DOCUMENT # N02000003206 04-15-2008 90023 023 ****61.25 LOWER NEW YORK CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC. 60023178 Principal Place of Business Mailing Address **243 RIVERSIDE AVE** 243 RIVERSIDE AVE SUITE 200 SUITE 200 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 245 Riverside Ave 245 Riverside Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 04022008 CR2E037 (12/06) Chg-NP Suite 200 Suite 200 Applied For 4. FEI Number 01-0735703 City & State Jacksonville FL City & State Jacksonville FL Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 32202-4933 32202-4933 US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Donald C Jones JONES, DONALD C Street Address (P.O. Box Number is Not Acceptable) 245 Riverside Ave, Suite 200 243 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202 Zip Code 32202-4933 Jacksonville 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. 04/02/2008 Donald C Jones SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name ed agent and title if applicable. Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition D TITLE C/D TITLE ☐ Delete Kenneth S. Hershon HERSHON, KENNETH M.D. NAME NAME 41 Meadow Woods Rd STREET ADDRESS 41 MEADOW WOODS RD STREET ADDRESS Great Neck NY 11020-1324 CITY-ST-ZIP GREAT NECK, NY 11020 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE Donald C Jones BERGMAN, DONALD M.D. NAME NAME 245 Riverside Ave Suite 200 STREET ADDRESS STREET ADDRESS 1199 PARK AVE STE 1F Jacksonville FL 32202-4933 NEW YORK, NY 10128 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE Issac Sachmechi NAME SACHMECHI, ISAACE M.D. NAME 82-68 164th St. STREET ADDRESS 8268 164TH ST STREET ADDRESS Jamaica NY 11432 CITY-ST-ZIP CITY-ST-ZIP JAMAICA, NY 11432 ☐ Change Addition ☐ Delete TITLE м TITLE JONES, DONALD C NAME STREET ADDRESS 243 RIVERSIDE AVE #200 STREET ADDRESS JACKSONVILLE, FL 32202 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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:

nalex 0 NAME OF SIGNING OFFICER OR DIRECTOR

Donald C Jones

04/02/2008

(904) 353-7878

FILED

Date

Daytime Phone #