

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90023 023 ****61.25

DOCUMENT # N02000003206					
1. Entity Name LOWER NEW YORK CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					
Principal Place of Business 243 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202			Mailing Address 243 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202		
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		4. FEI Number 01-0735703	
Zip 32202-4933		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, DONALD C 243 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Donald C Jones Street Address (P.O. Box Number is Not Acceptable) 245 Riverside Ave, Suite 200 City Jacksonville FL Zip Code 32202-4933		
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		04/02/2008	
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, 2008		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	D HERSHON, KENNETH M.D. 41 MEADOW WOODS RD GREAT NECK, NY 11020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Kenneth S. Hershon 41 Meadow Woods Rd Great Neck NY 11020-1324
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGMAN, DONALD M.D. 1199 PARK AVE STE 1F NEW YORK, NY 10128	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACHMECHI, ISAACE M.D. 8268 164TH ST JAMAICA, NY 11432	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 243 RIVERSIDE AVE #200 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Issac Sachmechi 82-68 164th St. Jamaica NY 11432	<input type="checkbox"/> Delete	
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