2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

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Entity Name: LOWER NEW YORK CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

Current Principal Place of Business:

245 RIVERSIDE AVE STE 200
JACKSONVILLE, FL 322024933

New Principal Place of Business:

245 RIVERSIDE AVE STE 200
JACKSONVILLE, FL 322024933 US

Current Mailing Address:

245 RIVERSIDE AVE STE 200
JACKSONVILLE, FL 322024933

New Mailing Address:

245 RIVERSIDE AVE STE 200
JACKSONVILLE, FL 322024933 US

FEI Number: 01-0735703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, DONALD C
245 RIVERSIDE AVE STE 200
JACKSONVILLE, FL 322024933 US

Name and Address of New Registered Agent:

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: CD ( ) Delete
Name: HERSHON, KENNETH M.D.
Address: 41 MEADOW WOODS RD
City-St-Zip: GREAT NECK, NY 11020

Title: M ( ) Delete
Name: BERGMAN, DONALD M.D.
Address: 245 RIVERSIDE AVE STE 200
City-St-Zip: JACKSONVILLE, FL 322024933

Title: D (X) Delete
Name: SACHMECHI, ISSAC
Address: 8268 164TH ST
City-St-Zip: JAMAICA, NY 11432

Title: M (X) Delete
Name: JONES, DONALD C
Address: 243 RIVERSIDE AVE #200
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HERSHON, KENNETH S MD
Address: 41 MEADOW WOODS ROAD
City-St-Zip: GREAT NECK, NY 11020 US

Title: MGR (X) Change ( ) Addition
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE STE 200
City-St-Zip: JACKSONVILLE, FL 322024933 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD C. JONES MGR 04/23/2009

Electronic Signature of Signing Officer or Director — Date