2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2005 8:00 am Secretary of State

1. Entity Nam GEORGI	MENT # N02000004 A CHAPTER OF THE AME ICAL ENDOCRINOLOGIST	RICAN ASSOCIATIO	ON				04-05-200)5 90052 (013 ****61	1.25
1000 RIVER	ce of Business SIDE AVE LE, FL 32204	Mailing Address 1000 RIVERSIDE AVE JACKSONVILLE, FL 32								
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			03242005 Chg-NP CR2E037 (10/03)				
City & State		City & State	City & State			4. FEI Numbe 57-113				pplied For
Zip .	Country	Zip ·	Cou	ntry			of Status Desire	ed 🔲	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent	1			7. Name and	Address of Ne	w Registere	· · ·	
IONEC D	ONALDO		Name			•				-
JONES, DONALD C (*) 1000 RIVERSIDE AVE 205			Street Address			(P.O. Box Number is Not Acceptable)				
	IVILLE, FL 32204						•	,		
·		City					F	L Zip Cod	le	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registere	d office o	r registere	ed agent, or bot	h, in the State o	f Florida. I a	m familiar with,	, and accept
. ' ' ,	1									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signat	ure required	when reinstating)		DATE		
SIGNATURE								- *, <u>1-t</u>		*1
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Ca Trust Fund	ımpaign Fi	nancing		when reinstating) \$5.00 May B Added to Fees	е	Make che	ck payable t	
SIGNATURE	Filing Fee is \$61.25	9. Election Ca Trust Fund	ımpaign Fi	nancing			1	Make che Florida Dep	ck payable t artment of S	tate
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Ca Trust Fund	umpaign Fi Contribution 11. TITLE NAME STREE	nancing on.	PPD Karpas 3193 H	\$5.00 May B Added to Fees	ANGES TO OFF	Make che Florida Dep	ck payable t artment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

| SIGNATURE | AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: