


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-05-2005 90052 013 ****61.25

DOCUMENT # N02000004528					
1. Entity Name GEORGIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					
Principal Place of Business 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204			Mailing Address 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03242005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 57-1135450	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, DONALD C 1000 RIVERSIDE AVE 205 JACKSONVILLE, FL 32204			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	<input type="checkbox"/> Delete	TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPAS, ANTHONY		NAME	Karpas, Anthony MD	
STREET ADDRESS	1000 RIVERSIDE AVE		STREET ADDRESS	3193 Howell Mill Rd. #314	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP	Atlanta, GA 30327	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, JUDSON		NAME	Robertson, David MD	
STREET ADDRESS	1000 RIVERSIDE AVE		STREET ADDRESS	77 Collier Rd NW #2080	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP	Atlanta, GA 30309-1754	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, CHIP		NAME	Flood, Thomas MD	
STREET ADDRESS	1000 RIVERSIDE AVE		STREET ADDRESS	5667 Peachtree Dunwoody Rd NE	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP	Atlanta, GA 30342-1725	
TITLE	M	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, DONALD C		NAME	Isaacs, Scott MD	
STREET ADDRESS	1000 RIVERSIDE AVE #205		STREET ADDRESS	775 Johnson Ferry Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP	Atlanta, GA 30342-2488	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Donald Jones CEO</i>			3/30/05 - (904) 353-7878		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		