
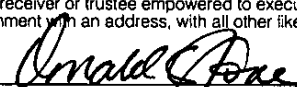


FILED
Apr 03, 2006 8:00 am
Secretary of State

60023342



DOCUMENT # N02000004528						04-03-2006 90386 033 ****61.25																									
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																											
Zip		Country		Zip		Country																									
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																											
				Zip Code																											
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 _____																															
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, 2006				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																											
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12. 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: 				Donald C. Jones																											
				03/27/2006		904-353-7878																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #																									