


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90083 006 ****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 - No P.O. Box #
245 Riverside Ave


3. Mailing Address
245 Riverside Ave

Suite, Apt. #, etc.
Suite 200

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32202 USA



03232007 Chg-NP CR2E037 (12/06)

4. FEI Number
57-1135450

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, DONALD C
 1000 RIVERSIDE AVE
 205
 JACKSONVILLE, FL 32204**

7. Name and Address of New Registered Agent

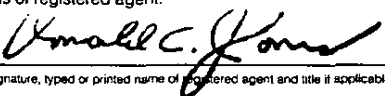
Name
JONES, DONALD C.

Street Address (P.O. Box Number is Not Acceptable)
245 RIVERSIDE AVE, SUITE 200

City
JACKSONVILLE, FL

Zip Code
32202

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** **03/26/2007**
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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

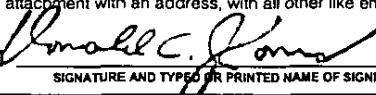
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEED, MD, ROBERT D 77 COLLIER RD NW #2080 ATLANTA, GA 30309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ISAACS, MD, SCOTT D 775 JOHNSON PERRY RD ATLANTA, GA 30342	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UMPIERREZ, MD, GUILLERMO E 3677 CANYON RIDGE CT ATLANTA, GA 30319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 1000 RIVERSIDE AVE #205 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD ROBERTSON, MD, DAVID G 77 COLLIER RD NW #2080 ATLANTA, GA 30309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHANKAR, MD, TALLA P 1050 EAGLES LANDING PKWY. #201 STOCKBRIDGE, GA 30281	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISAACS, SCOTT D. MD 775 JOHNSON FERRY ROAD ATLANTA, GA 30342	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD UMPIERREZ, GUILLERMO E MD 3677 CANYON RIDGE COURT ATLANTA, GA 30319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHANKAR, TALLA P MD 1050 EAGLES LANDING PKWY #201 STOCKBRIDGE, GA 30281	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD STEED, R DENNIS MD 1475 HOLCOMB BRIDGE ROAD ROSWELL, GA 30076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 245 RIVERSIDE AVE, #200 JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWRENCE, JENNIFER E MD 2418 NORTH OAK STREET VALDOSTA, GA 31602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, CEO** **03/26/2007** **904-353-7878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #