


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
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2. Principal Place of Business - No P.O. Box # 245 Riverside Ave	3. Mailing Address 245 Riverside Ave
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32202	Country USA



03232007 Chg-NP CR2E037 (12/06)

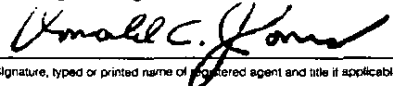
4. FEI Number 57-1135450	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current 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	Zip Code FL 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.		DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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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 PERRY ROAD ATLANTA, GA 30342 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP 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 #