2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000004528

1. Entity Name



Pinning and Place of Business 245 KIRCRIDE AVE SUITE 200 AKKSOMULE, FL 32002 AKK		CAL ENDOCRINOLOGISTS, INC			5			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite City & State	245 RIVERSIDE AVE SUITE 200		245 RIVERSIDE AVE Suite 200					
City & State City & State City & State City & State Country C	2. Principal Pl	lace of Business - No P.O. Box # 3. N	Mailing Address					
Country Zp	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03112008 Chg-NP CF	R2E037 (12/06)		
Experiment of the purpose of changing its registered agent, or both, in the State of Florida. I am luminiar with, and accept the obligations of registered agent. Signature Pour	City & State		City & State			105450		
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	itional	
JONES, DONALD C 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202 City FL Zp Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILING Fee is \$61.25 Due by May 1, 2008 PD Trust Fund Contribution.		6. Name and Address of Current Regist	ered Agent		7. Name and Address of New Regis	tered Agent		
E. 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, hyperd or private name of registered agent and title? applicable.	245 RIVERSIDE AVE SUITE 200				(P.O. Box Number is Not Acceptable)			
SIGNATURE Signature Signa		**************************************		City		FL Zip Code		
Filing Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD STEED, MD, ROBERT D STEED, MD, RO	the obligations of registered agent. SIGNATURE							
Trust Fund Contribution. Added to Fees		Signature, typed or printed name of registered agent and title in	врокама. (NOTE, N	egistarau Agant alginature raqu	med with following)	UNIC TO THE TOTAL THE TOTAL TO THE TOTAL TOT	 	
TITLE PD					Added to Fees Florida	Department of St		
NAME SITEET ADDRESS CITY-ST-ZIP TITLE NAME SITEET ADDRESS CITY-ST-ZIP NAME SITEET ADDRESS CITY-ST-ZIP ATLANTA, GA 30309 STEET ADDRESS CITY-ST-ZIP ATLANTA, GA 30309 Delete NAME SITEET ADDRESS CITY-ST-ZIP NAME SITEET ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 TITLE MAME SITEET ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 TITLE MAME SITEET ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 TITLE MAME SITEET ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 TITLE MAME SITEET ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 TITLE MAME SITEET ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 TITLE MAME SITEET ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 TITLE MAME SITEET ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 TITLE MAME SITEET ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 TITLE MAME SITEET ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP TITLE TO Delete TITLE TO Delete TITLE LAWARENCE SITEET ADDRESS OFF CANYON RIDGE CT SITEET ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP TITLE TO Delete TITLE SD CHANGE SITEET ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 31602 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 31602 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 30319 CITY-ST-ZIP ADDRESS OFF CANYON RIDGE CT ATLANTA, GA 3	10.	OFFICERS AND DIRECTO	RS	11.			10	
ISAACS, MD, SCOTT D STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30342 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30342 STREET ADDRESS CITY-ST-ZIP CHange Addition	NAME STREET ADDRESS	STEED, MD, ROBERT D 1475 HOLCOMB BRIDGE RD	C inc Delete	NAME STREET ADDRESS	Guillermo E. Umpierrez 49 Jesse Hill Jr., Drive S.E.	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30319 ITILE NAME JONES, DONALD C STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 ITILE NAME STREET ADDRESS CITY-ST-ZIP LAWRENCE, JENNIFER E MD STREET ADDRESS CITY-ST-ZIP LAWRENCE, JENNIFER E MD STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STOCKBRIDGE, GA 30281 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STOCKBRIDGE, GA 30281 NAME Matthey T. Harris 926 Glenwood Drive Gainesville GA 30501 Matthey T. Harris 926 Glenwood Drive Gainesville GA 30501 Change NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STOCKBRIDGE, GA 30319 NAME STREET ADDRESS CITY-ST-ZIP STOCKBRIDGE, GA 30281	NAME STREET ADDRESS	ISAACS, MD, SCOTT D 775 JOHNSON PERRY RD	□ Delete	NAME Street address	Vin Tangpricha 101 Woodruff Circle NE-WMRB130		Addition	
NAME JONES, DONALD C STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 TITLE TD LAWRENCE, JENNIFER E MD STREET ADDRESS CITY-ST-ZIP VALDOSTA, GA 31602 TITLE SD SHANKAR, MD, TALLA P STREET ADDRESS CITY-ST-ZIP STOCKBRIDGE, GA 30281 NAME JONES, DONALD C STREET ADDRESS CITY-ST-ZIP STOCKBRIDGE, GA 30281 NAME JACKSONVILLE, FL 32202 STREET ADDRESS CITY-ST-ZIP VALDOSTA, GA 31602 NAME STREET ADDRESS CITY-ST-ZIP STOCKBRIDGE, GA 30281 NAME JONES, DONALD C STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STOCKBRIDGE, GA 30281	NAME STREET ADDRESS	UMPIERREZ, MD, GUILLERMO E 3677 CANYON RIDGE CT	☐ Delete	NAME STREET ADDRESS	Matthey T. Harris 926 Glenwood Drive	☐ Change	_	
NAME LAWRENCE, JENNIFER E MD STREET ADDRESS 2418 N OAK ST CITY-ST-ZIP VALDOSTA, GA 31602 ITILE SD SHANKAR,MD, TALLA P STREET ADDRESS 1050 EAGLES LANDING PKWY. #201 STREET ADDRESS 5TREET	NAME STREET ADDRESS	JONES, DONALD C 245 RIVERSIDE AVE #200	□ Delete	NAME STREET ADDRESS	Jennifer E. Lawrence 3208 Country Club Dr	Change	Addition	
NAME SHANKAR,MD, TALLA P NAME STREET ADDRESS 1050 EAGLES LANDING PKWY. #201 STREET ADDRESS CITY-ST-ZIP STOCKBRIDGE, GA 30281 CITY-ST-ZIP	NAME STREET ADDRESS	LAWRENCE, JENNIFER E MD 2418 N OAK ST	☐ Delete	NAME STREET ADDRESS	Scott D. Isaacs 775 Johnson Ferry Road	Change	☐ Addition	
	NAME STREET ADDRESS CITY-ST-ZIP	SHANKAR,MD, TALLA P 1050 EAGLES LANDING PKWY. #201 STOCKBRIDGE, GA 30281		NAME STREET ADDRESS CITY-ST-ZIP				

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 received 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 of the chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 617, Florida Statutes and the chapter 617, Fl

SIGNATURE:

Donald

SIGNATURE AND TYPED OF PRINTIPO NAME OF SIGNING OFFICER OR DIRECTOR

Donald C Jones

03/27/2008

Date Daytime Phone #

FILED

Apr 15, 2008 8:00 am Secretary of State

04-15-2008 90023 028 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #N02000004528 1. Entity Name GEORGIA CHAPTER OF THE AMERICAN ASSOCIATION ATTACHMENT OF CLINICAL ENDOCRINOLOGISTS, INC. Principal Place of Business Mailing Address 245 RIVERSIDE AVE 245 RIVERSIDE AVE (0023173 SUITE 200 SUITE 200 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112008 Chg-NP CR2E037 (12/06) 4. FEI Number 57-1135450 City & State City & State Applied For Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JONES, DONALD C 245 RIVERSIDE AVE SUITE 200 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32202 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD TITLE Delete TITLE ☐ Change D STEED, MD, ROBERT D David B. Arkin NAME NAME 758 Old Norcross Rd Suite 175 1475 HOLCOMB BRIDGE RD STREET ADDRESS STREET ADDRESS Lawrenceville GA 30045-3388 CITY-ST-ZIP ATLANTA, GA 30309 CITY-ST-ZIP D □ Delete TITLE ☐ Change Addition TITLE Joshua I. Barzilay ISAACS, MD, SCOTT D MAME NAME 200 Crescent Center Pkwy STREET ADDRESS 775 JOHNSON PERRY RD STREET ADDRESS Tucker GA 30084-7047 ATLANTA, GA 30342 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition UMPIERREZ, MD, GUILLERMO E Candi Nobles-James NAME NAME Mercer Health Systems, 707 Pine Street STREET ADDRESS 3677 CANYON RIDGE CT STREET ADDRESS Macon GA 31201 CITY-ST-ZIP ATLANTA, GA 30319 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITI F D JONES, DONALD C NAME Robert C. Osburne NAME 245 RIVERSIDE AVE #200 STREET ADDRESS 693 Collier Commons Cir NW STREET ADDRESS Atlanta GA 30318 CITY - ST - ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP ☐ Delete Change Addition TITI È TITLE LAWRENCE, JENNIFER E MD Kate S. Wheeler NAME 1587 Friar Tuck Rd NE STREET ADDRESS 2418 N OAK ST STREET ADDRESS Atlanta GA 30309-2609 VALDOSTA, GA 31602 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME SHANKAR, MD, TALLA P 1050 EAGLES LANDING PKWY. #201 STREET ADDRESS STREET ADDRESS STOCKBRIDGE, GA 30281 CITY-ST-ZIP CITY-ST-ZIP 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 partistee 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. 03/27/2008 Donald C Jones SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone