

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

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

**DOCUMENT # N02000004528**

1. Entity Name  
**GEORGIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**



Principal Place of Business  
**245 RIVERSIDE AVE  
 SUITE 200  
 JACKSONVILLE, FL 32202**

Mailing Address  
**245 RIVERSIDE AVE  
 SUITE 200  
 JACKSONVILLE, FL 32202**

**60023173**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03112008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**57-1135450**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**JONES, DONALD C  
 245 RIVERSIDE AVE SUITE 200  
 JACKSONVILLE, FL 32202**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

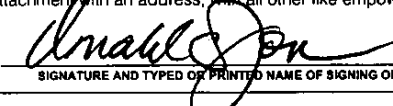
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEED, MD, ROBERT D 1475 HOLCOMB BRIDGE RD ATLANTA, GA 30309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISAACS, MD, SCOTT D 775 JOHNSON PERRY RD ATLANTA, GA 30342	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD 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 245 RIVERSIDE AVE #200 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWRENCE, JENNIFER E MD 2418 N OAK ST VALDOSTA, GA 31602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHANKAR, MD, TALLA P 1050 EAGLES LANDING PKWY. #201 STOCKBRIDGE, GA 30281	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**


TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Guillermo E. Umpierrez 49 Jesse Hill Jr., Drive S.E. Atlanta GA 30303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Vin Tangpricha 101 Woodruff Circle NE-WMRB1301 Atlanta GA 30322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Matthey T. Harris 926 Glenwood Drive Gainesville GA 30501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Jennifer E. Lawrence 3208 Country Club Dr Valdosta GA 31605-1009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP/D Scott D. Isaacs 775 Johnson Ferry Road Atlanta GA 30342-2488	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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** **03/27/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N02000004528</b> 1. Entity Name GEORGIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.	
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## ATTACHMENT

60023173

Principal Place of Business 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202	Mailing Address 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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03112008 Chg-NP CR2E037 (12/06)

City & State  Zip Country	City & State  Zip Country
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4. FEI Number 57-1135450	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  JONES, DONALD C 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD STEED, MD, ROBERT D 1475 HOLCOMB BRIDGE RD ATLANTA, GA 30309	<input type="checkbox"/> Delete	TITLE	D David B. Arkin 758 Old Norcross Rd Suite 175 Lawrenceville GA 30045-3388	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD ISAACS, MD, SCOTT D 775 JOHNSON PERRY RD ATLANTA, GA 30342	<input type="checkbox"/> Delete	TITLE	D Joshua I. Barzilay 200 Crescent Center Pkwy Tucker GA 30084-7047	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VPD UMPIERREZ, MD, GUILLERMO E 3677 CANYON RIDGE CT ATLANTA, GA 30319	<input type="checkbox"/> Delete	TITLE	D Candi Nobles-James Mercer Health Systems, 707 Pine Street Macon GA 31201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	M JONES, DONALD C 245 RIVERSIDE AVE #200 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE	D Robert C. Osburne 693 Collier Commons Cir NW Atlanta GA 30318	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD LAWRENCE, JENNIFER E MD 2418 N OAK ST VALDOSTA, GA 31602	<input type="checkbox"/> Delete	TITLE	D Kate S. Wheeler 1587 Friar Tuck Rd NE Atlanta GA 30309-2609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD SHANKAR, MD, TALLA P 1050 EAGLES LANDING PKWY. #201 STOCKBRIDGE, GA 30281	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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<b>SIGNATURE:</b> 	Donald C Jones	03/27/2008	Date <span style="float: right;">Daytime Phone #</span>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			