

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112008 Chg-NP CR2E037 (12/06)

City & State

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

7. Name and Address of New Registered Agent

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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME STEED, MD, ROBERT D
STREET ADDRESS 1475 HOLCOMB BRIDGE RD
CITY-ST-ZIP ATLANTA, GA 30309

TITLE P/D ☒ Change ☐ Addition
NAME Guillermo E. Umpierrez
STREET ADDRESS 49 Jesse Hill Jr., Drive S.E.
CITY-ST-ZIP Atlanta GA 30303

TITLE PD ☐ Delete
NAME ISAACS, MD, SCOTT D
STREET ADDRESS 775 JOHNSON PERRY RD
CITY-ST-ZIP ATLANTA, GA 30342

TITLE V/D ☐ Change ☒ Addition
NAME Vin Tangpricha
STREET ADDRESS 101 Woodruff Circle NE-WMRB1301
CITY-ST-ZIP Atlanta GA 30322

TITLE VPD ☐ Delete
NAME UMPIERREZ, MD, GUILLERMO E
STREET ADDRESS 3677 CANYON RIDGE CT
CITY-ST-ZIP ATLANTA, GA 30319

TITLE T/D ☐ Change ☒ Addition
NAME Matthey T. Harris
STREET ADDRESS 926 Glenwood Drive
CITY-ST-ZIP Gainesville GA 30501

TITLE M ☐ Delete
NAME JONES, DONALD C
STREET ADDRESS 245 RIVERSIDE AVE #200
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE S/D ☒ Change ☐ Addition
NAME Jennifer E. Lawrence
STREET ADDRESS 3208 Country Club Dr
CITY-ST-ZIP Valdosta GA 31605-1009

TITLE TD ☐ Delete
NAME LAWRENCE, JENNIFER E MD
STREET ADDRESS 2418 N OAK ST
CITY-ST-ZIP VALDOSTA, GA 31602

TITLE IPP/D ☒ Change ☐ Addition
NAME Scott D. Isaacs
STREET ADDRESS 775 Johnson Ferry Road
CITY-ST-ZIP Atlanta GA 30342-2488

TITLE SD ☒ Delete
NAME SHANKAR, MD, TALLA P
STREET ADDRESS 1050 EAGLES LANDING PKWY. #201
CITY-ST-ZIP STOCKBRIDGE, GA 30281

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald C Jones

03/27/2008

Date

Daytime Phone #

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ATTACHMENT

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TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STEED, MD, ROBERT D			NAME	David B. Arkin		
STREET ADDRESS	1475 HOLCOMB BRIDGE RD			STREET ADDRESS	758 Old Norcross Rd Suite 175		
CITY-ST-ZIP	ATLANTA, GA 30309			CITY-ST-ZIP	Lawrenceville GA 30045-3388		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ISAACS, MD, SCOTT D			NAME	Joshua I. Barzilay		
STREET ADDRESS	775 JOHNSON PERRY RD			STREET ADDRESS	200 Crescent Center Pkwy		
CITY-ST-ZIP	ATLANTA, GA 30342			CITY-ST-ZIP	Tucker GA 30084-7047		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	UMPIERREZ, MD, GUILLERMO E			NAME	Candi Nobles-James		
STREET ADDRESS	3677 CANYON RIDGE CT			STREET ADDRESS	Mercer Health Systems, 707 Pine Street		
CITY-ST-ZIP	ATLANTA, GA 30319			CITY-ST-ZIP	Macon GA 31201		
TITLE	M	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JONES, DONALD C			NAME	Robert C. Osburne		
STREET ADDRESS	245 RIVERSIDE AVE #200			STREET ADDRESS	693 Collier Commons Cir NW		
CITY-ST-ZIP	JACKSONVILLE, FL 32202			CITY-ST-ZIP	Atlanta GA 30318		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAWRENCE, JENNIFER E MD			NAME	Kate S. Wheeler		
STREET ADDRESS	2418 N OAK ST			STREET ADDRESS	1587 Friar Tuck Rd NE		
CITY-ST-ZIP	VALDOSTA, GA 31602			CITY-ST-ZIP	Atlanta GA 30309-2609		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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			

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SIGNATURE:

Donald C Jones
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Donald C Jones

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