

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N02000004528

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

Current Principal Place of Business:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202

New Principal Place of Business:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

Current Mailing Address:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202

New Mailing Address:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

FEI Number: 57-1135450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: TANGPRICHA, VIN
Address: 101 WOODRUFF CIRCLE NE- WMRB 1301
City-St-Zip: ATLANTA, GA 30322

Title: PD () Delete
Name: ISAACS, MD, SCOTT D
Address: 775 JOHNSON PERRY RD
City-St-Zip: ATLANTA, GA 30342

Title: VPD () Delete
Name: UMPIERREZ, MD, GUILLERMO E
Address: 49 JESSIE HILL JR., DRIVE SE
City-St-Zip: ATLANTA, GA 30303

Title: M () Delete
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE #200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: SD () Delete
Name: LAWRENCE, JENNIFER E MD
Address: 3208 COUNTRY CLUB DRIVE
City-St-Zip: VALDOSTA, GA 316051009

Title: TD () Delete
Name: HARRIS, MATTHEY T
Address: 926 GLENWOOD DRIVE
City-St-Zip: GAINESVILLE, GA 30501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TANGPRICHA, VIN MD
Address: 101 WOODRUFF CIRCLE NE - WMRB 1301
City-St-Zip: ATLANTA, GA 30322 US

Title: S (X) Change () Addition
Name: HARRIS, MATTHEY T MD
Address: 1240 JESSE JEWEL PARKWAY STE 500
City-St-Zip: GAINESVILLE, GA 30501 US

Title: D (X) Change () Addition
Name: BODE, BRUCE MD
Address: 77 COLLIER RD NW STE 2080
City-St-Zip: ATLANTA, GA 30309 US

Title: MGR (X) Change () Addition
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE #200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D (X) Change () Addition
Name: LAWRENCE, JENNIFER E MD
Address: 2418 NORTH OAK STREET
City-St-Zip: VALDOSTA, GA 31602 US

Title: T (X) Change () Addition
Name: OSBURNE, ROBERT C MD
Address: 77 COLLIER RD STE 2080
City-St-Zip: ATLANTA, GA 30309 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD C. JONES

MGR

04/02/2009

Electronic Signature of Signing Officer or Director

Date