

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004528

FILED
Mar 27, 2012
Secretary of State

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 US

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

New Mailing Address:

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: P
Name: NEWTON, CHRISTOPHER MD
Address: 49 JESSE HILL JR DRIVE, SE
City-St-Zip: ATLANTA, GA 30303 US

Title: VP
Name: ISAACS, SCOTT MD
Address: 775 JOHNSON FERRY ROAD
City-St-Zip: ATLANTA, GA 30342 US

Title: S
Name: ORIJA, ISRAEL MD
Address: 285 BLVD STE 140
City-St-Zip: ATLANTA, GA 30312 US

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

Title: T
Name: BRANDT, STEPHEN F MD
Address: 1365 CLIFTON ROAD NE, SUITE A4
City-St-Zip: ATLANTA, GA 30332

I hereby 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 all other like empowered.

SIGNATURE: DONALD C. JONES

CEO

03/27/2012

Electronic Signature of Signing Officer or Director

_____ Date