



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90052 026 ****61.25

DOCUMENT # N02000008842					
1. Entity Name ARIZONA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					
Principal Place of Business 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204			Mailing Address 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 75-3094329	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, DONALD C 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204			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, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 D NAME LEVY, PHILIP MD STREET ADDRESS 1000 RIVERSIDE AVE CITY-ST-ZIP JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE PPD NAME Levy, Philip MD STREET ADDRESS 1300 N 12th St., Suite 600 CITY-ST-ZIP Phoenix, AZ 85006-2850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ZWART, SANDHAR MD STREET ADDRESS 1000 RIVERSIDE AVE CITY-ST-ZIP JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Duick, Daniel MD STREET ADDRESS 3522 N 3rd Ave CITY-ST-ZIP Phoenix, AZ 85013-3903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DUICK, DANIEL MD STREET ADDRESS 1000 RIVERSIDE AVE CITY-ST-ZIP JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE PD NAME Verso, M Antonia MD STREET ADDRESS 1300 N 12th St., Suite 600 CITY-ST-ZIP Phoenix, AZ 85006-2850	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE M NAME JONES, DONALD C STREET ADDRESS 1000 RIVERSIDE AVE. #205 CITY-ST-ZIP JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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: <i>Donald Jones</i>			3/30/05 - (904) 353-7878		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					