

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90083 010 \*\*\*\*61.25

40046711



<b>DOCUMENT # N02000008842</b> 1. Entity Name <b>ARIZONA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.</b>					
Principal Place of Business <b>1000 RIVERSIDE AVE JACKSONVILLE, FL 32204</b>				Mailing Address <b>1000 RIVERSIDE AVE JACKSONVILLE, FL 32204</b>	
2. Principal Place of Business - No P.O. Box # <b>245 Riverside Ave</b>		3. Mailing Address <b>245 Riverside Ave</b>		03232007 Chg-NP CR2E037 (12/06)  4. FEI Number <b>75-3094329</b> <div style="float: right; border: 1px solid black; padding: 2px;">             Applied For              Not Applicable           </div>	
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>			
Zip <b>32202</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JONES, DONALD C 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204</b>				7. Name and Address of New Registered Agent Name <b>Jones, Donald C</b> Street Address (P.O. Box Number is Not Acceptable) <b>245 Riverside Ave, Suite 200</b> City <b>Jacksonville, FL</b> Zip Code <b>32202</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <b>Donald C. Jones, CEO</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>03/26/2007</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD <b>LEVY, PHILIP MD 1300 N 12TH ST SUITE 600 PHOENIX, AZ 850062850</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <b>JONES, DONALD C 245 RIVERSIDE AVE, #200 JACKSONVILLE, FL 32202</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>DUICK, DANIEL MD 3522 N 3RD AVE PHOENIX, AZ 850133903</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>VERSO, M. ANTONIO MD 1300 N 12TH ST. SUITE 600 PHOENIX, AZ 85006-2850</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <b>JONES, DONALD C 1000 RIVERSIDE AVE. #205 JACKSONVILLE, FL 32204</b> <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	PD <b>VARSO, M. ANTONIO MD 1300 N 12TH ST SUITE 600 PHOENIX, AZ 850062850</b> <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 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.					
<b>SIGNATURE:</b>		<b>Donald C. Jones, CEO</b>		<b>03/26/2007</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	