

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003633

FILED
Nov 17, 2004
Secretary of State**Entity Name:** MINNESOTA-MIDWEST REGIONAL CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL
ENDOCRINOLOGISTS, INC.**Current Principal Place of Business:**1000 RIVERSIDE AVE
JACKSONVILLE, FL 32204**New Principal Place of Business:**880 BLUE GENTIAN ROAD
SUITE 150
EAGAN, MN 55122**Current Mailing Address:**1000 RIVERSIDE AVE
JACKSONVILLE, FL 32204**New Mailing Address:**880 BLUE GENTIAN ROAD
SUITE 150
EAGAN,, MN 55122**FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE
JACKSONVILLE, FL 32204 US**Name and Address of New Registered Agent:**GONZALEZ-CAMPOY, JOSEPH M
1000 RIVERSIDE AVE
JACKSONVILLE, FL 32204 USThe 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: JOSEPH MICHAEL GONZALEZ-CAMPOY, MD, PHD

11/17/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: GONZALEZ-CAMPOY, J MICHAEL
Address: 1000 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204**Title:** D () Delete
Name: KATZ, HAROLD
Address: 1000 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204**Title:** D () Delete
Name: SMITH, THOMAS R
Address: 1000 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DR. (X) Change () Addition
Name: BAUMGARTNER, JOHN
Address: 880 BLUE GENTIAN ROAD, SUITE 150
City-St-Zip: EAGAN, MN 55122**Title:** DR. (X) Change () Addition
Name: KATZ, HAROLD
Address: 880 BLUE GENTIAN ROAD, SUITE 150
City-St-Zip: EAGAN, MN 55122**Title:** DR. (X) Change () Addition
Name: HURLEY, DANIEL
Address: 880 BLUE GENTIAN ROAD, SUITE 150
City-St-Zip: EAGAN, MN 55122I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN BAUMGARTNER

DR.

11/17/2004

Electronic Signature of Signing Officer or Director

Date