

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003633

FILED
May 10, 2005
Secretary of State

Entity Name: MINNESOTA-MIDWEST REGIONAL CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

Current Principal Place of Business:

880 BLUE GENTIAN ROAD
SUITE 150
EAGAN, MN 55122

New Principal Place of Business:

Current Mailing Address:

880 BLUE GENTIAN ROAD
SUITE 150
EAGAN,, MN 55122

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
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:

GONZALEZ-CAMPOY, JOSEPH M
1000 RIVERSIDE AVE
JACKSONVILLE, FL 32204 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: DR. () Delete
Name: BAUMGARTNER, JOHN
Address: 880 BLUE GENTIAN ROAD, SUITE 150
City-St-Zip: EAGAN, MN 55122

Title: DR. () Delete
Name: KATZ, HAROLD
Address: 880 BLUE GENTIAN ROAD, SUITE 150
City-St-Zip: EAGAN, MN 55122

Title: DR. () Delete
Name: HURLEY, DANIEL
Address: 880 BLUE GENTIAN ROAD, SUITE 150
City-St-Zip: EAGAN, MN 55122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I 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: J. M. GONZALEZ-CAMPOY, MD, PHD

CHAI

05/10/2005

Electronic Signature of Signing Officer or Director

Date