

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91122 001 \*\*\*245.00

**DOCUMENT # N03000008202**

1. Entity Name  
**NEW MEXICO 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**

**66415441**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004

Chg-NP

CR2E037 (10/03)

4. FEI Number

**65-1204897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVE  
JACKSONVILLE, FL 32204**

7. Name and Address of New Registered Agent

Name **Jones, Donald C.**

Street Address (P.O. Box Number is Not Acceptable)  
**1000 Riverside Ave. Suite 205**

City **Jacksonville**

**FL**

Zip Code  
**32204**

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

*Donald Jones*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/04**

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SEIBEL, JOHN A MD**  
STREET ADDRESS **1000 RIVERSIDE AVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **D** ☐ Delete  
NAME **BERNSTEIN, ROBERT M MD**  
STREET ADDRESS **1000 RIVERSIDE AVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **D** ☐ Delete  
NAME **LEWIECKIN, E. MICHAEL MD**  
STREET ADDRESS **1000 RIVERSIDE AVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M** ☐ Change ☒ Addition  
NAME **Jones, Donald C.**  
STREET ADDRESS **1000 Riverside Ave. Suite 205**  
CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Donald Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/04**

Date

**(904) 353 7878**

Daytime Phone #