2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2005 8:00 am Secretary of State

DOCUMENT # N0300008202 1. Entity Name NEW MEXICO CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					04-07-200	5 90088 00)1 ***245	.00
Principal Place of Business 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204	Mailing Address 1000 RIVERSIDE AVE JACKSONVILLE, FL 322			660	008963	3		
2. Principal Place of Business	3. Mailing Address		- 			i 1800 1800 1811	9110 WALL DELIA U	EULU ET LEAN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.			03242005	Chg-NP	CR2E0	37 (10/03)	
City & State	City & State			4. FEI Number 65-1204			 	pplied For ot Applicable
Zip Country	Zip	Country		5. Certificate of	of Status Desire	ed 🗆	\$8.75 Add	
6. Name and Address of Current R	egistered Agent			7. Name and	Address of Ne	w Registered	Agent	
JONES, DONALD C		Nan	ne					
1000 RIVERSIDE AVE., SUITE 205 JACKSONVILLE, FL 32204			Street Address (P.O. Box Number is Not Acceptable)					
		City	,			FI	Zip Cod	le
The above named entity submits this statement for the obligations of registered agent.	he purpose of changing its	registered office	ce or register	ed agent, or both	, in the State o	f Florida. I am	familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and	t title il accilicable (NCTI							
	з ило и аррисация. (1407)	E: Registered Agent :	signature required	when reinstating)		DATE		
Filing Fee Is \$61.25 Due by May 1, 2005	9. Election Car Trust Fund C	πpaign Financi		\$5.00 May Be Added to Fees		1 4.7. 1 ***	k payable t	
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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR