

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-07-2005 90088 001 ***245.00

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03242005 Chg-NP CR2E037 (10/03)

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1204897	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JONES, DONALD C 1000 RIVERSIDE AVE., SUITE 205 JACKSONVILLE, FL 32204				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIBEL, JOHN A MD <input type="checkbox"/> Delete 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Seibel, John MD Prebyterian Professional Bldg. Albuquerque, NM 87106-4925	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, ROBERT M MD <input type="checkbox"/> Delete 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bernstein, Robert MD 1533 S St Francis Dr. Suite B Santa Fe, NM 87505	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIECKIN, E. MICHAEL MD <input type="checkbox"/> Delete 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lewiecki, Michael MD 300 Oak Street NE Albuquerque, NM 87106-4725	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C <input type="checkbox"/> Delete 1000 RIVERSIDE AVE., SUITE 205 JACKSONVILLE, FL 32204		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 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: <i>Donald Jones</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/30/05 (904)353-7878 <small>Date Daytime Phone #</small>		