
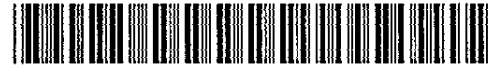


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1204897	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, DONALD C 1000 RIVERSIDE AVE., SUITE 205 JACKSONVILLE, FL 32204			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEIBEL, JOHN A MD		NAME		
STREET ADDRESS	PREBYTERIAN PROFESSIONAL BLDG		STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE, NM 871064925		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNSTEIN, ROBERT M MD		NAME		
STREET ADDRESS	1533 S ST. FRANCIS DR SUITE B		STREET ADDRESS		
CITY-ST-ZIP	SANTA FE, NM 87505		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIECKI, MICHAEL MD		NAME		
STREET ADDRESS	300 OAK STREET NE		STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE, NM 871064725		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, DONALD C		NAME		
STREET ADDRESS	1000 RIVERSIDE AVE., SUITE 205		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 C. Jones		03/27/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



03222006 Chg-NP CR2E037 (11/05)

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05/13/06-80036-005 61.25
☐ Change ☐ Addition