2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

DOCUMENT # N0300008202 1. Entity Name NEW MEXICO CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					()4-02-2007	90083 021		25		
Principal Place 1000 RIVERS JACKSONVILL	IDE AVE	Mailing Address 1000 RIVERSIDE AVE JACKSONVILLE, FL 32204									
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2. Principal Place of Business - No P.O. Box # 245 Riverside Ave		3. Mailing Address 245 Riverside Ave									
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			03232007	Chg-NP	CR2E037	(12/06)			
City & State		City & State	· · · · · · · · · · · · · · · · · · ·		4. FEI Number			<u> </u>	plied For		
Jackson Zip	ville, FL Country	Jacksonville, Zip	FL Country		65-12048	97			Applicable		
32202	USA	32202	USA	ļ	5. Certificate of	Status Desired		8.75 Addi ee Required			
	6. Name and Address of Current Re				7. Name and A	dress of New	Registered Ag	gent			
JONES DO	ONALD C		Name JONES	, DON	DONALD C.						
JONES, DONALD C 1000 RIVERSIDE AVE., SUITE 205 JACKSONVILLE, FL 32204				Street Address (P.O. Box Number is Not Acceptable) 245 RIVERSIDE AVE, SUITE 200							
			- 00					T 7: 0-4-			
			City JACK	SONVI	LLE,		FL	Zip Code 32202	3		
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.											
(no congui	Honald C. Ja	~~									
SIGNATURE .				03/26/	2007						
	Signature, typed or printed name of required agent and	title if applicable. (NOTE:	Registered Agent signat	ure required	when reinstating)		DATE				
	Signature, typed or printed name of reducted agent and Filling Fee Is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	ure required	\$5.00 May Be Added to Fees		Make check orida Departr				
10.	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be	Fic	Make check orida Departr	nent of St	ate		
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12. Thereby 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald C. Jones, CEO

03/26/2007 Date 904-353-7878

Daytime Phone #