

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008202

FILED
Apr 03, 2009
Secretary of State

Entity Name: NEW MEXICO CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

Current Principal Place of Business:

245 RIVERSIDE AVE
SUITE #200
JACKSONVILLE, FL 32202

New Principal Place of Business:

245 RIVERSIDE AVE
SUITE #200
JACKSONVILLE, FL 32202 US

Current Mailing Address:

245 RIVERSIDE AVE
SUITE #200
JACKSONVILLE, FL 32202

New Mailing Address:

245 RIVERSIDE AVE
SUITE #200
JACKSONVILLE, FL 32202 US

FEI Number: 65-1204897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DONALD C
245 RIVERSIDE AVE
SUITE # 200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEIBEL, JOHN A MD
Address: 201 CEDAR STREET, SE, SUITE 502
City-St-Zip: ALBUQUERQUE, NM 871064925

Title: VD () Delete
Name: BERNSTEIN, ROBERT M MD
Address: 1533 S ST. FRANCIS DR SUITE B
City-St-Zip: SANTA FE, NM 87505

Title: STD () Delete
Name: LEWIECKI, MICHAEL MD
Address: 300 OAK STREET NE
City-St-Zip: ALBUQUERQUE, NM 871064725

Title: M () Delete
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE SUITE #200
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SEIBEL, JOHN A MD
Address: 201 CEDAR STREET SE, SUITE 502
City-St-Zip: ALBUQUERQUE, NM 871064925 US

Title: VD (X) Change () Addition
Name: BERNSTEIN, ROBERT M MD
Address: 1533 S STREET FRANCIS DR STE B
City-St-Zip: SANTA FE, NM 87505 US

Title: STD (X) Change () Addition
Name: LEWIECKI, E. M MD
Address: 300 OAK STREET NE
City-St-Zip: ALBUQUERQUE, NM 871064725 US

Title: MGR (X) Change () Addition
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE SUITE #200
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD C. JONES

MGR

04/03/2009

Electronic Signature of Signing Officer or Director

Date