

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000012729

1. Entity Name
ACADEMY OF CLINICAL THYROIDOLOGISTS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 16 AM 8:15

Principal Place of Business
245 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32202

Mailing Address
245 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32202



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05302008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-8038505

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, DONALD C
245 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32202

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 D
NAME GUTTLER, RICHARD MD ☐ Delete
STREET ADDRESS 1328 16TH ST
CITY-ST-ZIP SANTA MONICA, CA 904041804

TITLE D ☒ Change ☐ Addition
NAME Daniel S. Duick, MD
STREET ADDRESS 245 Riverside Ave, Suite 200
CITY-ST-ZIP Jacksonville FL 32202-4933

TITLE D ☐ Delete
NAME BASKIN, H. JACK MD
STREET ADDRESS 1741 BARCELONA WAY
CITY-ST-ZIP WINTER PARK, FL 327895616

TITLE PD ☐ Change ☒ Addition
NAME Mark Lupo, MD
STREET ADDRESS 245 Riverside Ave, Suite 200
CITY-ST-ZIP Jacksonville FL 32202-4933

TITLE D ☐ Delete
NAME DUICK, DANIEL S. MD
STREET ADDRESS 3522 N 3RD AVE
CITY-ST-ZIP PHOENIX, AZ 850133903

TITLE SD ☒ Change ☐ Addition
NAME Richard Guttler, MD
STREET ADDRESS 245 Riverside Ave, Suite 200
CITY-ST-ZIP Jacksonville FL 32202-4933

TITLE M ☐ Delete
NAME JONES, DONALD C
STREET ADDRESS 245 RIVERSIDE AVE STE 200
CITY-ST-ZIP JACKSONVILLE, FL 322024933

☐ Change ☐ Addition
300131447273
06/18/08--01037--004 **61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald C Jones

05/30/2008

(904) 353-7878

Date

Daytime Phone #

4/1200