2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# N06000012729

Entity Name: ACADEMY OF CLINICAL THYROIDOLOGISTS, INC.

Current Principal Place of Business:

245 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 20-8038505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, DONALD C
245 RIVERSIDE AVENUE
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: D
Name: GUTTLER, RICHARD B MD
Address: 1328 16TH STREET
City-St-Zip: SANTA MONICA, CA 90404 US

Title: D
Name: BASKIN, H J MD
Address: 1741 BARCELONA WAY
City-St-Zip: WINTER PARK, FL 327895616 US

Title: P
Name: DUICK, DANIEL S MD
Address: 3522 N 3RD AVE
City-St-Zip: PHOENIX, AZ 85013 US

Title: MGR
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE STE 200
City-St-Zip: JACKSONVILLE, FL 322024933 US

Title: S
Name: LUPO, MARK A MD
Address: 5741 BEE RIDGE ROAD STE 500
City-St-Zip: SARASOTA, FL 34233

I hereby 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 all other like empowered.

SIGNATURE: DONALD C. JONES CEO 04/04/2011
Electronic Signature of Signing Officer or Director Date