SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -2 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # **N47287** **(0)**

1. Corporation Name
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

Principal Place of Business	Mailing Address
2589 PARK ST. JACKSONVILLE FL 32204-4554	2589 PARK ST. JACKSONVILLE FL 32204-4554

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1992
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3063956 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 701 Fisk Street	26 701 Fisk Street
22 Suite 100	27 Suite 100
23 Jacksonville, FL	28 Jacksonville, FL
24 Zip 32204	29 Zip 32204
25 Country U.S.	30 Country U.S.

9. Name and Address of Current Registered Agent

HARVEY, ROBERT J
2589 PARK STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name: Christopher R. Seymour
82 Street Address (P.O. Box Number is Not Acceptable): Suite 100
83: 701 Fisk Street
84 City: Jacksonville, 85 FL Zip Code: 32204

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Christopher R. Seymour (CHRISTOPHER R. SEYMOUR) DATE: 7/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D ☒ Change ☐ Addition
NAME	FELD, STANLEY	12 NAME	Stephen F. HOdgson, M.D.
STREET ADDRESS	5480 LASIERRA DRIVE	13 STREET ADDRESS	200 First Street, S.W.
CITY · ST · ZIP	DALLAS TX	14 CITY · ST · ZIP	Rochester, MN 55905
TITLE	PED	21 TITLE	PE/D ☒ Change ☐ Addition
NAME	HODGSON, STEPHEN F.	22 NAME	John A. Seibel, M.D.
STREET ADDRESS	MAYO CLINIC, 200 1ST ST., S.W.	23 STREET ADDRESS	201 Cedar St, S.E., Ste.607
CITY · ST · ZIP	ROCHESTER MN	24 CITY · ST · ZIP	Albuquerque, NM 87106
TITLE	VD	31 TITLE	V/D ☒ Change ☐ Addition
NAME	SEIBEL, JOHN A.	32 NAME	H. Jack Baskin, M.D.
STREET ADDRESS	201 CEDAR ST., S.E., STE. 607	33 STREET ADDRESS	2921 North Orange Avenue
CITY · ST · ZIP	ALBUQUERQUE NM	34 CITY · ST · ZIP	Orlando, FL 32804
TITLE	ST	41 TITLE	V/T/D ☒ Change ☐ Addition
NAME	RODBARD, HELENA W M.D.	42 NAME	Helena W. Rodbard, M.D.
STREET ADDRESS	14808 PHYSICIANS LANE, SUITE 111	43 STREET ADDRESS	14808 Physicians Lane, Ste. 111
CITY · ST · ZIP	ROCKVILLE MD	44 CITY · ST · ZIP	Rockville, MD 20850
TITLE	P	51 TITLE	S/D ☒ Change ☐ Addition
NAME	HODGSON, STEPHEN F. M	52 NAME	Richard A. Dickey, M.D.
STREET ADDRESS	200 FIRST STREET, S.W.	53 STREET ADDRESS	415 North Center Street, Ste. 203
CITY · ST · ZIP	ROCHESTER MN	54 CITY · ST · ZIP	Hickory, NC 28601
TITLE	D	61 TITLE	PP/D ☒ Change ☐ Addition
NAME	DANIELS, GILBERT H.	62 NAME	Stanley Feld, M.D.
STREET ADDRESS	1555 WILLARD RD.	63 STREET ADDRESS	5480 LaSierra Drive
CITY · ST · ZIP	BROOKLIN MA	64 CITY · ST · ZIP	Dallas, TX 75231

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen D. Hodgson M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001761