FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name

AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGIST S, INC.

Principal Place of Business	Mailing Address
701 FISK ST STE 100 JACKSONVILLE FL 32204 US	701 FISK ST STE 100 JACKSONVILLE FL 32204 US

3. Date Incorporated or Qualified: **02/07/1992**
3a. Date of Last Report: **08/02/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEYMOUR, CHRISTOPHER R
STE 100
701 FISK ST
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name: Jones, Donald C.
82 Street Address (P.O. Box Number is Not Acceptable): 701 Fisk Street
83 Suite 100
84 City: Jacksonville FL 85 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: Donald C. Jones
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	HODGSON, STEPHEN F MD		12 NAME		
STREET ADDRESS	200 FIST ST SW		13 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER MN		14 CITY-ST-ZIP		
TITLE	PED	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SEIBEL, JOHN A MD		22 NAME		
STREET ADDRESS	201 CEDAR ST SE STE 607		23 STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE NM		24 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BASKIN, H JACK MD		32 NAME		
STREET ADDRESS	2921 N ORANGE AVE		33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		34 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	RODBARD, HELENA W MD		42 NAME		
STREET ADDRESS	14808 PHYSICIANS LANE STE 111		43 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE MD		44 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	DICKEY, RICHARD A MD		52 NAME		
STREET ADDRESS	415 N CENTER ST STE 203		53 STREET ADDRESS		
CITY-ST-ZIP	HICKORY NC		54 CITY-ST-ZIP		
TITLE	PPD	☒ DELETE	61 TITLE	~~MD~~ M	☐ Change ☒ Addition
NAME	STANLEY, FELD MD		62 NAME	JONES, DONALD C.	
STREET ADDRESS	5480 LASIERRA DR		63 STREET ADDRESS	701 FISK ST, SUITE 100	
CITY-ST-ZIP	DALLAS TX		64 CITY-ST-ZIP	JACKSONVILLE, FL 32204	

CR2E037 (12/95)

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)(k), 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: Donald C. Jones 1-18-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Donald C. Jones