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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

Principal Place of Business	Mailing Address
701 FISK ST STE 100 JACKSONVILLE FL 32204 US	701 FISK ST STE 100 JACKSONVILLE FL 32204-3380 US

3. Date Incorporated or Qualified: 02/07/1992
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / 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	10. Name and Address of New Registered Agent
JONES, DONALD C 701 FISK STREET SUITE 100 JACKSONVILLE FL 32204	81 Name: Christopher R. Seymour 82 Street Address (P.O. Box Number is Not Acceptable): 1000 Riverside Avenue 83 Suite 205 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 _____ 6-1-97
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	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HODGSON, STEPHEN F MD		1.2 NAME	John A. Seibel, M.D.	
STREET ADDRESS	200 FIST ST SW		1.3 STREET ADDRESS	201 Cedar Street SE, Ste 607	
CITY-ST-ZIP	ROCHESTER MN		1.4 CITY-ST-ZIP	Albuquerque, NM 87106	
TITLE	PED	☐ DELETE	2.1 TITLE	PED	☐ Change ☐ Addition
NAME	SEIBEL, JOHN A MD		2.2 NAME	H. Jack Baskin, M.D.	
STREET ADDRESS	201 CEDAR ST SE STE 607		2.3 STREET ADDRESS	2921 N Orange Avenue	
CITY-ST-ZIP	ALBUQUERQUE NM		2.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	BASKIN, H JACK MD		3.2 NAME	Helena W. Rodbard, M.D.	
STREET ADDRESS	2921 N ORANGE AVE		3.3 STREET ADDRESS	14808 Physicians Lane, Ste 111	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Rockville, MD 20850	
TITLE	VTD	☐ DELETE	4.1 TITLE	VTD	☑ Change ☐ Addition
NAME	RODBARD, HELENA W MD		4.2 NAME	Richard A. Dickey, M.D.	
STREET ADDRESS	14808 PHYSICIANS LANE STE 111		4.3 STREET ADDRESS	415 N Center St, Ste 203	
CITY-ST-ZIP	ROCKVILLE MD		4.4 CITY-ST-ZIP	Hickory, NC 28601	
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☐ Change ☑ Addition
NAME	DICKEY, RICHARD A MD		5.2 NAME	Paul S. Jellinger, M.D.	
STREET ADDRESS	415 N CENTER ST STE 203		5.3 STREET ADDRESS	1150 N 35th Ave, Ste 590	
CITY-ST-ZIP	HICKORY NC		5.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	M	☐ DELETE	6.1 TITLE	M	☑ Change ☐ Addition
NAME	JONES, DONALD C		6.2 NAME	Christopher R. Seymour	
STREET ADDRESS	701 FISK ST, SUITE 100		6.3 STREET ADDRESS	1000 Riverside Ave, Ste 205	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Jacksonville, FL 32204	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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.