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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1000 Riverside Avenue	26 1000 Riverside Avenue
22 Suite 205	27 Suite 205
23 Jacksonville, FL	28 Jacksonville, FL
24 Zip 32204 / 25 Country USA	29 Zip 32204 / 30 Country USA

9. Name and Address of Current Registered Agent

SEYMOUR, CHRISTOPHER R
1000 RIVERSIDE AVE
STE. 205
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name: Donald C. Jones
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: Donald C. Jones, MD — 3-23-98
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	SEIBELI, JOHN A M.D.		1.2 NAME	Baskin, H. Jack, M.D.	
STREET ADDRESS	201 CEDAR STREET, STE. 607		1.3 STREET ADDRESS	2921 N. Orange Avenue	
CITY-ST-ZIP	ALBUQUERQUE NM		1.4 CITY-ST-ZIP	Orlando, FL	
TITLE	PED	☑ DELETE	2.1 TITLE	PED	☑ Change ☐ Addition
NAME	BASKIN, JACK H M.D.		2.2 NAME	Rodbard, Helena W. M.D.	
STREET ADDRESS	2921 N ORANGE AVE		2.3 STREET ADDRESS	14808 Physicians Lane, Ste. 111	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Rockville, MD	
TITLE	VD	☑ DELETE	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	REDBARD, HELENA W M.D.		3.2 NAME	Dickey, Richard A. M.D.	
STREET ADDRESS	14808 PHYSICIANS LANE, STE. 111		3.3 STREET ADDRESS	415 N. Center St. Ste. 203	
CITY-ST-ZIP	ROCKVILLE MD		3.4 CITY-ST-ZIP	Hickory, NC	
TITLE	VTD	☑ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	RODBARD, HELENA W MD		4.2 NAME	Jellinger, Paul S. M.D.	
STREET ADDRESS	14808 PHYSICIANS LANE STE 111		4.3 STREET ADDRESS	1150 N. 35th Avenue #590	
CITY-ST-ZIP	ROCKVILLE MD		4.4 CITY-ST-ZIP	Hollywood, FL	
TITLE	SD	☑ DELETE	5.1 TITLE	SD	☑ Change ☐ Addition
NAME	DICKEY, RICHARD A MD		5.2 NAME	Cabin, Rhoda H. M.D.	
STREET ADDRESS	415 N CENTER ST STE 203		5.3 STREET ADDRESS	44 Godwin Ave	
CITY-ST-ZIP	HICKORY NC		5.4 CITY-ST-ZIP	Midland Park, NJ	
TITLE	M	☑ DELETE	6.1 TITLE	M	☑ Change ☐ Addition
NAME	SEYMOUR, CHRISTOPHER R		6.2 NAME	Donald C. Jones	
STREET ADDRESS	1000 RIVERSIDE AVE, STE. 205		6.3 STREET ADDRESS	1000 Riverside Avenue Ste. 205	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Jacksonville, FL 32204	

CR2E037 (10/97)

14. I 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.

SIGNATURE: Donald C. Jones, MD — 3-23-98 (904) 355-7878