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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47287

1. Corporation Name

AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGIST S, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1000 RIVERSIDE AVE<br>STE 205<br>JACKSONVILLE FL 32204<br>US | 1000 RIVERSIDE AVE<br>STE 205<br>JACKSONVILLE FL 32204<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>02/07/1992 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3063956 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

JONES, DONALD C
1000 RIVERSIDE AVE
STE 205
JACKSONVILLE FL 32204

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
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 | XX DELETE | 1.1 TITLE | T/D | ☐ Change XX Addition |
| NAME | BASKIN, H J MD | | 1.2 NAME | GHARIB, HOSSEIN, MD | |
| STREET ADDRESS | 2921 N ORANGE AVE | | 1.3 STREET ADDRESS | Mayo Clinic, Desk West 18 | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY-ST-ZIP | Rochester, MN 55905 | |
| TITLE | PED | XX DELETE | 2.1 TITLE | S/D | ☐ Change XX Addition |
| NAME | RODBARD, HELENA W MD | | 2.2 NAME | BERGMAN, DONALD A., MD | |
| STREET ADDRESS | 14808 PHYSICIANS LN, STE 111 | | 2.3 STREET ADDRESS | 1199 Parke Ave., Suite 1 | |
| CITY-ST-ZIP | ROCKVILLE MD | | 2.4 CITY-ST-ZIP | New York, NY 10128 | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | P/D | XX Change ☐ Addition |
| NAME | DICKEY, RICHARD A MD | | 3.2 NAME | | |
| STREET ADDRESS | 415 N CENTER ST, STE 203 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HICKORY NC | | 3.4 CITY-ST-ZIP | 28601 | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | P/E/D | XX Change ☐ Addition |
| NAME | JELLINGER, PAUL S MD | | 4.2 NAME | | |
| STREET ADDRESS | 1150 N 35TH AVE, #590 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | 4.4 CITY-ST-ZIP | 33021 | |
| TITLE | SD | ☐ DELETE | 5.1 TITLE | V/D | XX Change ☐ Addition |
| NAME | COBIN, RHODA H MD | | 5.2 NAME | | |
| STREET ADDRESS | 44 GODWIN AVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIDLAND PARK NJ | | 5.4 CITY-ST-ZIP | 07432 | |
| TITLE | M | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JONES, DONALD C | | 6.2 NAME | | |
| STREET ADDRESS | 1000 RIVERSIDE AVE, STE 205 | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | | 6.4 CITY-ST-ZIP | | |

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED Donald C. Jones 4/16/99 (904)353-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)