2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90020 025 ****61.25

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DOCUMENT # N47287

1. Entity Name

AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGIST

Principal Place of Business	Mailing Address
1000 RIVERSIDE AVE STE 205 JACKSONVILLE FL 32204 US	1000 RIVERSIDE AVE STE 205 JACKSONVILLE FL 32204 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3063956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	☐ Delete	VD	☒ Change ☐ Addition
NAME	GHARIB, HOSSEIN MD		Gharib, Hossein MD	
STREET ADDRESS	MAYO CLINIC, DESK WEST 18		Mayo clinic, Desk west 18	
CITY-ST-ZIP	ROCHESTER MN 55905		Rochester, MN 55905	
TITLE	SD	☐ Delete	TD	☒ Change ☐ Addition
NAME	BERGMAN, DONALD A MD		Bergman, Donald A MD	
STREET ADDRESS	1199 PARK AVE., SUITE 1		1199 Park Ave. Suite 1	
CITY-ST-ZIP	NEW YORK NY 10128		New York, NY 10128	
TITLE	PD	☒ Delete	SD	☐ Change ☒ Addition
NAME	DICKEY, RICHARD A MD		Hamilton, Carlos R. Jr. MD	
STREET ADDRESS	415 N CENTER ST, STE 203		7000 Fannin Street #1535	
CITY-ST-ZIP	HICKORY NC		Houston, Tx 77030	
TITLE	PED	☐ Delete	PD	☒ Change ☐ Addition
NAME	JELLINGER, PAUL S MD		Jellinger, Paul S MD	
STREET ADDRESS	1150 N 35TH AVE, #590		1150 N 35th Ave #590	
CITY-ST-ZIP	HOLLYWOOD FL		Hollywood, FL 33021	
TITLE	VD	☐ Delete	PED	☒ Change ☐ Addition
NAME	COBIN, RHODA H MD		Cobin, Rhoda H MD	
STREET ADDRESS	44 GODWIN AVE		44 Godwin Ave.	
CITY-ST-ZIP	MIDLAND PARK NJ		Midland Park, NJ 07432	
TITLE	M	☐ Delete		☐ Change ☐ Addition
NAME	JONES, DONALD C			
STREET ADDRESS	1000 RIVERSIDE AVE, STE 205			
CITY-ST-ZIP	JACKSONVILLE FL 32204			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED CEO 4/20/01 (904) 353-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)