## **NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 05, 2002 8:00 am Secretary of State 02-05-2002 90138 048 \*\*\*\*61.25

DOCUMENT # N47287					02-03-2002 90138 048 *** 01.23			
1. Entity Name American Assocation of Clinical Endocrinologitsts, Inc.					-			
5 W K W W W W W W W W W W W W W W W W W	ga, nanto o traso asa takan takini takini 2 o tahunga milia ambatan kantan	ia anno anta on estado en la compaño de	S#-314561					~ 4 M O O O
DO NOT WRITE IN THIS SPACE					817003			
	DO NOT WAITE		AU.	<b>□</b> Stropposition				
2. Principal Place of Business 1000 Riverside Ave. 3. Mailing Address 1000 Riverside Ave.				Per Trainte and Johnson Son Ballioners altr				
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State City & State					4. FEI Number Applied For			
Jacksonville, FL  Zip Country		Jacksonville, FL	Country		\$8.75 Additional		Not Applicable  5 Additional	
32204		32204	w war				Fee Re	equired
DO NOT WRITE			7. Name and Address of Current Registered Agent Name					
				Jones. Donald C. Street Address (P.O. Box Number is Not Acceptable) 1000 Riverside Ave				
IN THIS SPACE				Suite 205				
$\mathcal{A}_{i}$			City Jacksonville		ille	F		p Code <b>2204</b>
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.								
								ļ
SIGNATURE    Standure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered.	Agent signature require	d when reinstating)	DAT	: :	nganista (1801), mpagai santati
	FEE IS \$61.25	9. Election Cam	paion Fir	nancing	<b>\$5.00</b> May Be	Make Che	ck Pav	able to
1000 - 400 X	Initial or Amended UBR	Trust Fund Co			Added to Fees	Departn		
<i>1</i> 0.	OFFICERS AND DIF	RECTORS	2000	i de de la companya d	STEEN STEEN STEEN		a Maria Total	
TITLE	PED	CECTORG	TITLE	5 4 4 TO 5	/ X -		THE STATE OF	TV-78971-27
NAME	GHARIB, HOSSEIN MD		NAME				. 44 PM	
STREET ADDRESS CITY-ST-2IP	MAYO CLINIC, DESK WE ROCHESTER, MN 55905	ST 18	1000	T ADDRESS   ST-ZIP				
TITLE	VD		TÜLEN	AND REPORT OF THE PARTY OF			F 177	
NAME	BERGMAN, DONALD MD		NAME	1000 F 3000 T				
STREET ADDRESS CITY+ST+ZIP	1199 PARK AVE, SUITE 1		A STATE OF THE PARTY	T ADDRESS ST-ZIP		A SAMA CALL		
TITLE	NEW YORK, NY 10128		TITLE				La Santa	C. (12.25 PA)
NAME	HAMILTON, CARLOS R J		NAME	<b>到了我们是一个一个</b>			マーポー第43 5 でまったが y	
STREET ADDRESS CITY-ST-ZIP	7000 FANNIN STREET #1535 HOUSTON, TX 77030		2000 A	T ADDRESS	DO NOT WRITE			
TITLE	SD		\$TITLE >	200 (200 a) 10 (200 a) 10 (200 a) 10 (200 a)	and the second s		**** 3.114.7	1254 DE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME	LAW, BILL JR. MD		NAME	the same of the same of the same of	, JIN	THIS SPA		
STREET ADDRESS CITY+ST+ZIP	1932 ALCOA HWY. SUITE	160	7	T ADDRESS St. ZiP	的基础分别的			
TITLE	KNOXVILLE, TN 37920		Ditte"	stated and a transfer of	and Both Millian College to the	ALIENDERA	4.233	The state of the s
NAME	COBIN, RHODA H MD		NAME	AND WILL THE ST				
STREET ADDRESS	44 GODWIN AVE	_	Section 6	T ADDRESS		<b>经过的基础</b>		
CITY-ST-ZIP	MIDLAND PARK, NJ 0743	2	CITY S	73. 1943. 79. 3		AND THE SECTION OF TH		
TITLE NAME	JONES, DONALD C		NAME			<b>有其或数据的</b>	da Si	
STREET ADDRESS	1000 RIVERSIDE AVE, ST		70	TADDRESS				在学步数之前
CITY-ST-ZIP	JACKSONVILLE, FL 3220	4	*CITY - S	ST-ZIP		SOLUTION TO BE		居然武山黑马去

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 on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: