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

817003

DOCUMENT # N47287

1. Entity Name
American Assocation of Clinical Endocrinologitsts, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1000 Riverside Ave.	1000 Riverside Ave.
Suite, Apt. #, etc.: Suite 205	Suite, Apt. #, etc.: Suite 205
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32204 Country:	Zip: 32204 Country:

DO NOT WRITE IN THIS SPACE

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

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

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7. Name and Address of Current Registered Agent

Name: Jones. Donald C.
Street Address (P.O. Box Number is Not Acceptable): 1000 Riverside Ave
Suite 205
City: Jacksonville FL Zip Code: 32204

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

FEE IS $61.25 Initial or Amended UBR

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

TITLE	PED
NAME	GHARIB, HOSSEIN MD
STREET ADDRESS	MAYO CLINIC, DESK WEST 18
CITY-ST-ZIP	ROCHESTER, MN 55905
TITLE	VD
NAME	BERGMAN, DONALD MD
STREET ADDRESS	1199 PARK AVE, SUITE 1
CITY-ST-ZIP	NEW YORK, NY 10128
TITLE	TD
NAME	HAMILTON, CARLOS R JR. MD
STREET ADDRESS	7000 FANNIN STREET #1535
CITY-ST-ZIP	HOUSTON, TX 77030
TITLE	SD
NAME	LAW, BILL JR. MD
STREET ADDRESS	1932 ALCOA HWY. SUITE 160
CITY-ST-ZIP	KNOXVILLE, TN 37920
TITLE	PD
NAME	COBIN, RHODA H MD
STREET ADDRESS	44 GODWIN AVE
CITY-ST-ZIP	MIDLAND PARK, NJ 07432
TITLE	M
NAME	JONES, DONALD C
STREET ADDRESS	1000 RIVERSIDE AVE, STE 205
CITY-ST-ZIP	JACKSONVILLE, FL 32204

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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.

SIGNATURE: Donald Jones CEO 1-24-02 (904)3537876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #