## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 8:00 am Secretary of State

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DOCUMENT # N47287  1. Entity Name AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.								04-26-2004 91122 001 ***245.00					5.00
Principal Place of Business Mailing Address 1000 RIVERSIDE AVE 1000 RIVERSIDE AVE STE 205 STE 205 JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204					204 l	US		 		> - 	alcii breit i	11 <b>1</b> 211 <b>2</b> 11111 11121	II/81 21 JEJI
2. Principal Place of Business			3. Mail	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04212004	Chg-NP	CF	R2E037	(10/03)	
City & State			City & State					4. FEI Numbe 59-306				<del></del>	plied For t Applicable
Zip	+	Country	Zip —		Cou 	intry	~	5. Certificate	of Status De	sired [		8.75 Add	
	6, Name	and Address of Current R	legistere	d Agent				7. Name and	Address of	New Regist	tered Ad	ent	
						Name						·- ·-	
JONES, DONALD C 1000 RIVERSIDE AVE STE 205 JACKSONVILLE, FL 32204						Street	treet Address (P.O. Box Number is Not Acceptable)						
JACKSON	IVILLE, FL	32204	•			City	<del></del> -	<del></del>			FL	Zip Codi	e
	named entit	y submits this statement for tered agent.	the purpo	ose of changing its	registere	ed office o	r register	ed agent, or bot	h, in the Stat	e of Florida.		niliar with,	and accept
SIGNATURE .		or printed name of registered agent ar	nd title if appl	icable. (NOTE	: Registered	d Agent signa	ture required	when reinstating)			DATE		
SIGNATURE	Signature, typed	o printed name of registered agent are is \$61.25 Nay 1, 2004	nd title if appl	9. Election Car Trust Fund C	npaign Fi	inancing	<del></del>	when reinstating) \$5.00 May B Added to Fees	e	Make	check p	payable to	
. IS	Signature, typed	e is \$61.25 flay 1, 2004	Ĭ	9. Election Car	npaign Fi	inancing		\$5.00 May B Added to Fees		Make Florida (	check p Departm	ent of St	ate
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1000 RIVERSIDE AVE, STE 205

JACKSONVILLE, FL 32204

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//2 4/04 (904) 3537878 Usate Objetition Provided