2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91122 001 ***245.00

DOCUMENT # N47287

1. Entity Name
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

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

04212004 Chg-NP CR2E037 (10/03)

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	7. Name and Address of New Registered Agent
JONES, DONALD C 1000 RIVERSIDE AVE STE 205 JACKSONVILLE, FL 32204	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GHARIB, HOSSEIN MD MAYO CLINIC, DESK WEST 18 ROCHESTER, MN 55905	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Bergman, Donald A., MD 1199 Park Ave. Suite 1F New York, NY 10128	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED BERGMAN, DONALD A MD 1199 PARK AVE., SUITE 1 NEW YORK, NY 10128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED Hamilton, Carlos R. Jr., MD 7000 Fannin St. #1535 Houston, TX 77030	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HAMILTON, CARLOS R JR. MD 7000 FANNIN STEET #1535 HOUSTON, TX 77030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Law, Bill Jr., MD 1450 Dowell Springs Blvd. #300 Knoxville, TN 37909	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAW, BILL JR. MD 1450 DOWELL SPRINGS RD #300 KNOXVILLE, TN 37909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Petak, Steven M., MD 7400 Fannin St. #850 Houston TX 77054	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PETAK, STEVEN M MD 7400 FANNIN STREET #850 HOUSTON, TX 77054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Hellman, Richard, MD 2750 Clay Edwards Dr. #210 North Kansas City, MO 64116	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M JONES, DONALD C 1000 RIVERSIDE AVE, STE 205 JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Donald C Jones 4/22/04 (904) 353-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #