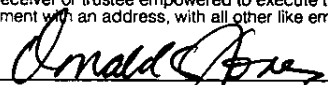


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90174 026 ****61.25

DOCUMENT # N47287 1. Entity Name AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					
Principal Place of Business 1000 RIVERSIDE AVE STE 205 JACKSONVILLE, FL 32204 US			Mailing Address 1000 RIVERSIDE AVE STE 205 JACKSONVILLE, FL 32204 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3063956	
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	
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.				FL Zip Code	
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, 2006		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	TD HELLMAN, RICHARD MD 2750 CLAY EDWARDS DR. # 210 KANSAS CITY, MO 64116	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETAK, STEVEN M MD 7400 FANNIN STREET #850 HOUSTON, TX 77054
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, CARLOS R JR MD 7000 FANIN STREET #1535 HOUSTON, TX 77030	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED HELLMAN, RICHARD MD 2750 CLAY EDWARDS DRIVE #210 N KANSAS CITY, MO 64116
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED LAW, BILL JR MD 1450 DOWELL SPRINGS RD #300 KNOXVILLE, TN 37909	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUICK, DANIEL S MD 3522 N 3RD AVE PHOENIX, AZ 85013
☐ Change ☐ Addition		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETAK, STEVEN M MD 7400 FANNIN STREET #850 HOUSTON, TX 77054	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARBER, JEFFREY R MD 133 BROOKLINE AVE BOSTON, MA 02215
☐ Change ☐ Addition		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETAK, STEVEN M MD 7400 FANNIN STREET #850 HOUSTON, TX 77054	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
☐ Change ☐ Addition		☐ 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	(Empty)
☐ Change ☐ Addition		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				03/27/2006 904-353-7878 Date Daytime Phone #	