# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2008 8:00 am**
**Secretary of State**
04-15-2008 90023 039 ****61.25

DOCUMENT # N47287

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

60023162

| Principal Place of Business | Mailing Address |
|---|---|
| 245 RIVERSIDE AVE<br>STE 200<br>JACKSONVILLE, FL 32202 US | 245 RIVERSIDE AVE<br>STE 200<br>JACKSONVILLE, FL 32202 US |

03112008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 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**

JONES, DONALD C
245 RIVERSIDE AVE SUITE 200
JACKSONVILLE, FL 32202

**7. Name and Address of New Registered Agent**

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, 2008**

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<br>EINHORN, DANIEL MD<br>9850 GENESEE AVE SUITE 418<br>LA JOLLA, CA 92037 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Richard Hellman<br>2790 Clay Edwards Dr Ste 1250<br>North Kansas City MO 64116 | ■ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HELLMAN, RICHARD MD<br>2750 CLAY EDWARDS DR., #210<br>KANSAS CITY, MO 64116 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Jeffrey R. Garber<br>133 Brookline Avenue 5th Floor<br>Boston MA 02215 | ■ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PED<br>DUICK, DANIEL S MD<br>3522 N 3RD AVE<br>PHOENIX, AZ 85013 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Daniel Einhorn<br>9850 Genesee Ave Ste 415<br>La Jolla CA 92037-1208 | ■ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>GARBER, JEFFREY R MD<br>133 BROOKLINE AVE<br>BOSTON, MA 02215 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Daniel L. Hurley<br>Mayo Clinic, 200 1st St SW<br>Rochester MN 55905-0001 | ☐ Change ■ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>JONES, DONALD C<br>245 RIVERSIDE AVE #200<br>JACKSONVILLE, FL 32202 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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 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 **03/28/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #