2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N47287

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

FILED
08 JUN 24 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
245 RIVERSIDE AVE STE 200 JACKSONVILLE, FL 32202 US	245 RIVERSIDE AVE STE 200 JACKSONVILLE, FL 32202 US

05302008 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	7. Name and Address of New Registered Agent
JONES, DONALD C 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202	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.

300132068643
07702/08--01010--008 **61.25

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

Amended AR is $61.25

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 EINHORN, DANIEL MD 9850 GENESEE AVENUE, SUITE 415 LA JOLLA, CA 920371208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Daniel S. Duick, MD 3522 N 3rd Ave Phoenix AZ 85013-3903	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HELLMAN, RICHARD MD 2790 CLAY EDWARDS DRIVE, SUITE 1250 KANSAS CITY, MO 64116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED Jeffrey R. Garber, MD 133 Brookline Avenue 5th Floor Boston MA 02215	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED DUICK, DANIEL S MD 3522 N 3RD AVE PHOENIX, AZ 85013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Daniel Einhorn, MD 9850 Genesee Ave Ste 415 La Jolla CA 92037-1208	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GARBER, JEFFREY R MD 133 BROOKLINE AVENUE 5TH FLOOR BOSTON, MA 02215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Yehuda Handelsman, MD 18372 Clark St. #212 Tarzana CA 91356-2828	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M JONES, DONALD C 245 RIVERSIDE AVE #200 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Etie S. Moghissi, MD 4644 Lincoln Blvd., Suite 409 Marina del Rey CA 90292	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURLEY, DANIEL L MAYO CLINIC, 200 1ST ST SW ROCHESTER, MN 559050001	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD Richard Hellman, MD 2790 Clay Edwards Dr Ste 1250 North Kansas City MO 64116	■ 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 **Donald C Jones** **05/30/2008** **(904) 353-7878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #