2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 09, 2009
Secretary of State

DOCUMENT# N47287

Entity Name: AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

Current Principal Place of Business:

245 RIVERSIDE AVE
STE 200
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVE
STE 200
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-3063956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: EINHORN, DANIEL MD
Address: 9850 GENESEE AVENUE, SUITE 415
City-St-Zip: LA JOLLA, CA 920371208 US

Title: TD ( ) Delete
Name: HANDELSMAN, YEHUDA MD
Address: 18372 CLARK STREET #212
City-St-Zip: TARZANA, CA 91356 US

Title: PD ( ) Delete
Name: DUICK, DANIEL S MD
Address: 3522 N 3RD AVE
City-St-Zip: PHOENIX, AZ 85013 US

Title: D ( ) Delete
Name: GARBER, JEFFREY R MD
Address: 133 BROOKLINE AVENUE 5TH FLOOR
City-St-Zip: BOSTON, MA 02215 US

Title: CEO ( ) Delete
Name: JONES, DONALD C
Address: 245 RIVERSIDE AVE SUITE 200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: SD ( ) Delete
Name: MOGHISSI, ETIE S MD
Address: 4644 LINCOLN BLVD., SUITE 409
City-St-Zip: MARINA DEL REY, CA 90292 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: HANDELSMAN, YEHUDA MD
Address: 18372 CLARK STREET #212
City-St-Zip: TARZANA, CA 91356 US

Title: SD (X) Change ( ) Addition
Name: GARBER, ALAN J MD
Address: 1709 DRYDEN ROAD STE 1000 BCM 620
City-St-Zip: HOUSTON, TX 77030 US

Title: PD (X) Change ( ) Addition
Name: GARBER, JEFFREY R MD
Address: 133 BROOKLINE AVENUE 5TH FLOOR
City-St-Zip: BOSTON, MA 02215 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: MOGHISSI, ETIE S MD
Address: 4644 LINCOLN BLVD., SUITE 409
City-St-Zip: MARINA DEL REY, CA 90292 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD C. JONES CEO 06/09/2009

Electronic Signature of Signing Officer or Director — Date