

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N47287

FILED
Apr 23, 2003
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

Current Principal Place of Business:

1000 RIVERSIDE AVE
STE 205
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

1000 RIVERSIDE AVE
STE 205
JACKSONVILLE, FL 32204 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
1000 RIVERSIDE AVE
STE 205
JACKSONVILLE, FL 32204 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: VD () Delete
Name: GHARIB, HOSSEIN MD
Address: MAYO CLINIC, DESK WEST 18
City-St-Zip: ROCHESTER, MN 55905

Title: TD () Delete
Name: BERGMAN, DONALD A MD
Address: 1199 PARK AVE., SUITE 1
City-St-Zip: NEW YORK, NY 10128

Title: SD () Delete
Name: HAMILTON, CARLOS R JR. MD
Address: 7000 FERNININ STEET #1535
City-St-Zip: HOUSTON, TX 77030

Title: PD () Delete
Name: JELLINGER, PAUL S MD
Address: 1150 N 35TH AVE, #590
City-St-Zip: HOLLYWOOD, FL 33021

Title: PED () Delete
Name: COBIN, RHODA H MD
Address: 44 GODWIN AVE
City-St-Zip: MIDLAND PARK, NJ 07432

Title: M () Delete
Name: JONES, DONALD C
Address: 1000 RIVERSIDE AVE, STE 205
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GHARIB, HOSSEIN MD
Address: MAYO CLINIC, DESK WEST 18
City-St-Zip: ROCHESTER, MN 55905

Title: PED (X) Change () Addition
Name: BERGMAN, DONALD A MD
Address: 1199 PARK AVE., SUITE 1
City-St-Zip: NEW YORK, NY 10128

Title: VPD (X) Change () Addition
Name: HAMILTON, CARLOS R JR. MD
Address: 7000 FANNIN STEET #1535
City-St-Zip: HOUSTON, TX 77030

Title: TD (X) Change () Addition
Name: LAW, BILL JR. MD
Address: 1450 DOWELL SPRINGS RD #300
City-St-Zip: KNOXVILLE, TN 37909 US

Title: SD (X) Change () Addition
Name: PETAK, STEVEN M MD
Address: 7400 FANNIN STREET #850
City-St-Zip: HOUSTON, TX 77054 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

M

04/23/2003

Electronic Signature of Signing Officer or Director

Date