




**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90386 032 \*\*\*\*61.25

<b>DOCUMENT # N02000001563</b>					
1. Entity Name CALIFORNIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					
Principal Place of Business 1000 RIVERSIDE AVE. JACKSONVILLE, FL 32204		Mailing Address 1000 RIVERSIDE AVE. JACKSONVILLE, FL 32204		  03222006 Chg-NP CR2E037 (11/05)  4. FEI Number 01-0676431 <input type="checkbox"/> Applied For Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, DONALD C 1000 RIVERSIDE AVE. 205 JACKSONVILLE, FL 32204				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDELSMAN, YAHODA MD		NAME	GAVIN, LAWRENCE A MD	
STREET ADDRESS	18372 CLARK ST #212		STREET ADDRESS	1800 SULLIVAN AVE #408	
CITY-ST-ZIP	TARZANA, CA 913562828		CITY-ST-ZIP	DALY CITY, CA 94015	
TITLE	PPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOGHISSI, ETIE S MD		NAME		
STREET ADDRESS	501 E. HARDY ST #110		STREET ADDRESS		
CITY-ST-ZIP	INGLEWOOD, CA 903014015		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RETTINGER, HERBERT		NAME		
STREET ADDRESS	1211 W LA PALMA AVE #707		STREET ADDRESS		
CITY-ST-ZIP	ANAHEIM, CA 928012814		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DONALD C		NAME		
STREET ADDRESS	1000 RIVERSIDE AVE. #205		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIGRANG202, WILLIAM D MD		NAME		
STREET ADDRESS	1750 EL CAMINO REAL		STREET ADDRESS		
CITY-ST-ZIP	BURLINGAME, CA 940103214		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		03/27/2006 904-353-7878	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	