


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90083 005 ****61.25

DOCUMENT # N02000001563

1. Entity Name
CALIFORNIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.



40046166



Principal Place of Business
 1000 RIVERSIDE AVE.
 JACKSONVILLE, FL 32204

Mailing Address
 1000 RIVERSIDE AVE.
 JACKSONVILLE, FL 32204

2. Principal Place of Business - No P.O. Box #
 245 Riverside Ave

3. Mailing Address
 245 Riverside Ave

Suite, Apt. #, etc.
 Suite 200

Suite, Apt. #, etc.
 Suite 200

03232007 Chg-NP CR2E037 (12/06)

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL

4. FEI Number
 01-0676431

Applied For
 Not Applicable

Zip
 32202

Country
 USA

Zip
 32202

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, DONALD C
 1000 RIVERSIDE AVE.
 205
 JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

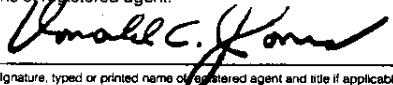
Name
 JONES, DONALD C.

Street Address (P.O. Box Number is Not Acceptable)
 245 RIVERSIDE AVE, SUITE 200

City
 JACKSONVILLE, FL

Zip Code
 32202

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  Donald C. Jones 03/26/2007

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, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

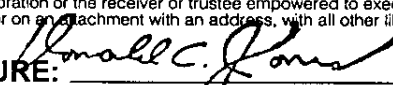
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANDELSMAN, YAHUDA MD 18372 CLARK ST #212 TARZANA, CA 913562828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD MOGHISSI, ETIE S MD 501 E. HARDY ST #110 INGLEWOOD, CA 903014015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RETTINGER, HERBERT 1211 W LA PALMA AVE #707 ANAHEIM, CA 928012814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 1000 RIVERSIDE AVE. #205 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZIGRANG202, WILLIAM D MD 1750 EL CAMINO REAL BURLINGAME, CA 940103214	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAVIN, LAWRENCE A MD 1800 SULLIVAN AVE 408 DALY CITY, CA 94015	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD HANDELSMAN, YEHUDA MD 18372 CLARK ST #212 TARZANA, CA 91356-2828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RETTINGER, HERBERT I. MD 1211 W LA PALMA AVE, SUITE 707 ANAHEIM, CA 92801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAVIN, LAURENCE A. MD 1800 SULLIVAN AVE., SUITE 408 DALY CITY, CA 94015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIGRANG, WILLIAM D. MD 1750 EL CAMINO REAL, SUITE 202 BURLINGAME, CA 94010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 245 RIVERSIDE AVE., #200 JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, TIMOTHY S. MD 700 WEST EL NORTE PARKWAY, SUITE 201 ESCONDIDO, CA 92026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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, CEO 03/26/2007 904-353-7878

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