


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90023 035 \*\*\*\*61.25

**DOCUMENT # N02000001563**

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



Principal Place of Business  
**245 RIVERSIDE AVE  
 SUITE 200  
 JACKSONVILLE, FL 32202**

Mailing Address  
**245 RIVERSIDE AVE  
 SUITE 200  
 JACKSONVILLE, FL 32202**

**60023166**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03112008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**01-0676431**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

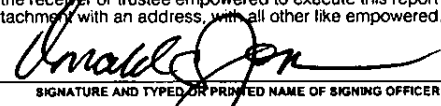
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD HANDELSMAN, YAHUDA MD 18372 CLARK ST #212 TARZANA, CA 913562828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, TIMOTHY S MD 700 WEST EL NORTE PKWY, STE 201 ESCONDIDO, CA 92026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RETTINGER, HERBERT I MD 1211 W LA PALMA AVE #707 ANAHEIM, CA 928012814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C 245 RIVERSIDE AVE #200 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIGRANG, WILLIAM D MD 1750 EL CAMINO REAL, SUITE 202 BURLINGAME, CA 94010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 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	P/D Laurence A. Gavin 1800 Sullivan Ave Rm 408 Daly City CA 94015-2224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Herbert Rettinger 2617 E. Chapman Ave. Suite 105 Orange CA 92869	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D William Zigrang 1750 El Camino Real Ste 202 Burlingame CA 94010-3214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP/D Yehuda Handelsman 18372 Clark St. #212 Tarzana CA 91356-2828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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** **03/27/2008**

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

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

<b>DOCUMENT # N02000001563</b> 1. Entity Name <b>CALIFORNIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.</b>					
Principal Place of Business 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202		Mailing Address 245 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32202			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>01-0676431</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JONES, DONALD C                  245 RIVERSIDE AVE                  SUITE 200                  JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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	PPD <b>HANDELSMAN, YAHUDA MD</b> 18372 CLARK ST #212 TARZANA, CA 913562828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Daniel Einhorn</b> 9850 Genesee Ave Ste 415 La Jolla CA 92037-1208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>BAILEY, TIMOTHY S MD</b> 700 WEST EL NORTE PKWY, STE 201 ESCONDIDO, CA 92026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>David A. Chappell</b> 813 Marble Way Petaluma CA 94954-8594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>RETTINGER, HERBERT I MD</b> 1211 W LA PALMA AVE #707 ANAHEIM, CA 928012814	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Etie S. Moghissi</b> 501 E Hardy St Ste 110 Inglewood CA 90301-4015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <b>JONES, DONALD C</b> 245 RIVERSIDE AVE #200 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Joseph B. Hawkins</b> 7230 N Millbrook Ave Fresno CA 93720-3340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>ZIGRANG, WILLIAM D MD</b> 1750 EL CAMINO REAL, SUITE 202 BURLINGAME, CA 94010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Michael A. Bush</b> 8920 Wilshire Blvd Ste 635 Beverly Hills CA 90211-2010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GAVIN, LAWRENCE A MD</b> 1800 SULLIVAN AVE 408 DALY CITY, CA 94015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Nancy J.V Bohannon</b> 1580 Valencia St Rm 504 San Francisco CA 94110-4415	<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.					
<b>SIGNATURE:</b> 		<b>Donald C Jones</b>		<b>03/27/2008</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

60023166

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Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 01-0676431	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>				
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	

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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PPD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HANDELSMAN, YAHUDA MD			NAME	Naomi D. Neufeld		
STREET ADDRESS	18372 CLARK ST #212			STREET ADDRESS	8733 Beverly Blvd., # 202		
CITY-ST-ZIP	TARZANA, CA 913562828			CITY-ST-ZIP	Los Angeles CA 90048-1844		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAILEY, TIMOTHY S MD			NAME	Robert R. Henry		
STREET ADDRESS	700 WEST EL NORTE PKWY, STE 201			STREET ADDRESS	3350 La Jolla Village Dr, Vasdhs (111G)		
CITY-ST-ZIP	ESCONDIDO, CA 92026			CITY-ST-ZIP	San Diego CA 92161-0001		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RETTINGER, HERBERT I MD			NAME	Steven V. Edelman		
STREET ADDRESS	1211 W LA PALMA AVE #707			STREET ADDRESS	3350 La Jolla Village Dr.		
CITY-ST-ZIP	ANAHEIM, CA 928012814			CITY-ST-ZIP	San Diego CA 92161		
TITLE	M	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, DONALD C			NAME			
STREET ADDRESS	245 RIVERSIDE AVE #200			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32202			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZIGRANG, WILLIAM D MD			NAME			
STREET ADDRESS	1750 EL CAMINO REAL, SUITE 202			STREET ADDRESS			
CITY-ST-ZIP	BURLINGAME, CA 94010			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAVIN, LAWRENCE A MD			NAME			
STREET ADDRESS	1800 SULLIVAN AVE 408			STREET ADDRESS			
CITY-ST-ZIP	DALY CITY, CA 94015			CITY-ST-ZIP			

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