

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000001562

Entity Name: SOUTHERN STATES CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

FILED
Jun 16, 2017
Secretary of State
CC4855151846

Current Principal Place of Business:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202

Current Mailing Address:

245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

FEI Number: 56-2294666

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARKOWSKI, PAUL A
245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202 US

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: PAUL A. MARKOWSKI

06/16/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ADMINISTRATIVE CEO
Name MARKOWSKI, PAUL A
Address 245 RIVERSIDE AVE
SUITE 200
City-State-Zip: JACKSONVILLE FL 32202

Title IMMEDIATE PAST PRESIDENT
Name ROSENTHAL, RICHARD MD
Address 2000 6TH AVENUE, SOUTH
City-State-Zip: BIRMINGHAM AL 35233

Title PRESIDENT
Name CARLSON, MICHAEL MD
Address 2400 PATTERSON ST.
STE 400
City-State-Zip: NASHVILLE TN 37203

Title PRESIDENT ELECT
Name USDAN, LISA S MD
Address 6415 LEBARRETT COVE
City-State-Zip: MEMPHIS TN 38120

Title SECRETARY
Name GUPTA, MALINA MD
Address 135 SOUTH PERKINS ROAD
City-State-Zip: MEMPHIS TN 38117

Title DIRECTOR
Name CHILDRESS, DALE MD
Address 5659 SOUTH REX ROAD
City-State-Zip: MEMPHIS TN 38119

Title DIRECTOR
Name SCHAFFNER, NEIL MD
Address 215 PERRY HILLROAD
ROOM 5A-104
City-State-Zip: MONTGOMERY AL 36109

Title DIRECTOR
Name KOCH, CHRISTIAN MD
Address 2599 NORTH STATE STREET
CLINICAL SCI BLDG RM 512
City-State-Zip: JACKSON MS 39216

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I hereby 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 all other like empowered.

SIGNATURE: PAUL A. MARKOWSKI

ADMINISTRATIVE CEO

06/16/2017

Officer/Director Detail Continued :

Title TREASURER
Name WARRINER, AMY MD
Address 2000 6TH AVENUE, SOUTH
City-State-Zip: BIRMINGHAM AL 35233

Title DIRECTOR
Name FRENCH, SARAH MD
Address 670 CROSSOVER RD.
City-State-Zip: TUPELO MS 38801

Title DIRECTOR
Name CHADHA, MONISHA MD
Address 1978 INDUSTRIAL BLVD.
City-State-Zip: HOUMA LA 70363