

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001562

**FILED**  
**Apr 01, 2015**  
**Secretary of State**  
**CC1981198789**

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

**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:**

JONES, DONALD C  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	IPP
Name	CHAVA, PAVAN MD
Address	1000 OCHSNER BLVD
City-State-Zip:	COVINGTON LA 70433
Title	PRESIDENT
Name	ROSENTHAL, RICHARD MD
Address	2000 6TH AVENUE, SOUTH
City-State-Zip:	BIRMINGHAM AL 35233
Title	TREASURER
Name	USDAN, LISA S MD
Address	6415 LEBARRETT COVE
City-State-Zip:	MEMPHIS TN 38117

Title	CEO
Name	JONES, DONALD C
Address	245 RIVERSIDE AVE #200
City-State-Zip:	JACKSONVILLE FL 32202
Title	PRESIDENT ELECT
Name	CARLSON, MICHAEL MD, FACE
Address	2400 PATTERSON ST. STE 400
City-State-Zip:	NASHVILLE TN 37203
Title	SECRETARY
Name	GUPTA-GANGULI, MALINA MD
Address	135 SOUTH PERKINS ROAD
City-State-Zip:	MEMPHIS TN 38117

*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: DONALD C JONES**

**CEO**

**04/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date