

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001562

FILED
Mar 02, 2017
Secretary of State
CC7623036969

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 IMMEDIATE PAST PRESIDENT
Name CHAVA, PAVAN DO
Address 1000 OCHSNER BLVD
City-State-Zip: COVINGTON LA 70433

Title ADMINISTRATIVE CEO
Name JONES, DONALD C
Address 245 RIVERSIDE AVE
SUITE 200
City-State-Zip: JACKSONVILLE FL 32202

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

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

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

Title SECRETARY
Name GUPTA-GANGULI, 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

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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: DONALD C. JONES

ADMINISTRATIVE CEO

03/02/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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