#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N02000001562

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

## Current Principal Place of Business:

1100 E. WOODFIELD ROAD SUITE 350 SCHAUMBURG, IL 60173

# **Current Mailing Address:**

1100 E. WOODFIELD ROAD SUITE 350 SCHAUMBURG, IL 60173 US

### FEI Number: 56-2294666

### Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 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: JANICE NULL, OBO INCORP SERVICES, INC.				04/10/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	IMMEDIATE PAST PRESIDENT	Title	PRESIDENT	
Name	CARLSON, MICHAEL MD	Name	USDAN, LISA MD	
Address	330 23RD AVENUE NORTH STE 500	Address	57 GERMANTOWN COURT SUITE 100	
City-State-Zip:	NASHVILLE TN 37203	City-State-Zip:	MEMPHIS TN 38108	
Title	PRESIDENT-ELECT	Title	TREASURER	
Name	HOTH WARRINER, AMY MD	Name	CHADHA, MONISHA MD	
Address	1201 11TH AVENUE SOUTH	Address	1978 INDUSTRIAL BLVD.	
City-State-Zip:	SUITE 500 BIRMINGHAM AL 35205	City-State-Zip:	HOUMA LA 70363	
Title	SECRETARY			
Name	SOHN, JENNIFER			
Address	833 ST. VINCENT'S DRIVE PO BOX III SUITE 300			
City-State-Zip:	BIRMINGHAM AL 35205			

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: MONISHA CHADHA

TREASURER

04/10/2019

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 10, 2019 Secretary of State 2776405134CC

Certificate of Status Desired: No

Date