

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001562

FILED
Apr 05, 2013
Secretary of State
CC3164368940

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

Title P
Name OVALLE, FERNANDO MD
Address 510 20TH STREET SOUTH FOT
 SUITE 702
City-State-Zip: BIRMINGHAM AL 35294

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

Title T
Name STAHL, ELIZABETH MD
Address 817 PRINCETON AVENUE SW
City-State-Zip: BIRMINGHAM AL 35211

Title SECRETARY
Name WOODE, DWAIN MD
Address PO BOX 16099
City-State-Zip: HUNSTVILLE AL 35802

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

04/05/2013

Electronic Signature of Signing Officer/Director Detail

Date