

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001562

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC8533420176**

**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           IMMEDIATE PAST PRESIDENT  
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

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

*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**

**04/24/2014**

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

\_\_\_\_\_  
Date