

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001562

Entity Name: SOUTHERN STATES CHAPTER OF THE AMERICAN
ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**FILED**
Apr 17, 2018
Secretary of State
CC1891194721**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:**MARKOWSKI, PAUL A
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: PAUL A. MARKOWSKI****04/17/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** ADMINISTRATIVE CEO
Name MARKOWSKI, PAUL A
Address 245 RIVERSIDE AVE
SUITE 200
City-State-Zip: JACKSONVILLE FL 32202**Title** PRESIDENT
Name CARLSON, MICHAEL MD
Address 2400 PATTERSON ST.
STE 400
City-State-Zip: NASHVILLE TN 37203**Title** SECRETARY
Name GUPTA, MALINA MD
Address 135 SOUTH PERKINS ROAD
City-State-Zip: MEMPHIS TN 38117**Title** DIRECTOR
Name FRENCH, SARAH MD
Address 670 CROSSOVER RD.
City-State-Zip: TUPELO MS 38801**Title** IMMEDIATE PAST PRESIDENT
Name ROSENTHAL, RICHARD MD
Address 2000 6TH AVENUE, SOUTH
City-State-Zip: BIRMINGHAM AL 35233**Title** PRESIDENT ELECT
Name USDAN, LISA S MD
Address 6415 LEBARRETT COVE
City-State-Zip: MEMPHIS TN 38120**Title** TREASURER
Name WARRINER, AMY MD
Address 2000 6TH AVENUE, SOUTH
City-State-Zip: BIRMINGHAM AL 35233**Title** DIRECTOR
Name CHADHA, MONISHA MD
Address 1978 INDUSTRIAL BLVD.
City-State-Zip: HOUMA LA 70363**Continues on page 2**

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: PAUL MARKOWSKI**CEO****04/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHANDLER, ANDREW
Address 1200 OFFICE PARK DR
SUITE 100
City-State-Zip: OXFORD MS 38655

Title DIRECTOR
Name SOHN, JENNIFER
Address PO BOX III, SUITE 300
833 ST VINCENT'S DRIVE
City-State-Zip: BIRMINGHAM AL 35205