

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N02000003204

**Entity Name:** NEW JERSEY 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:** 54-2063666

**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

06/08/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ADMINISTRATIVE CEO  
Name MARKOWSKI, PAUL A  
Address 245 RIVERSIDE AVENUE  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202-4933

Title CO-VICE PRESIDENT  
Name RAGHUWANSHI, MAYA MD  
Address 185 SOUTH ORANGE AVE  
MSB I-588  
City-State-Zip: NEWARK NJ 07103

Title IMMEDIATE PAST PRESIDENT  
Name BLEICH, DAVID MD  
Address 185 SOUTH ORANGE AVENUE  
MSB I-588  
City-State-Zip: NEWARK NJ 07103

Title SECRETARY, TREASURER  
Name BAUMAN, JEFF MD,FACE,ECNU  
Address 1 DIAMOND HILL ROAD  
City-State-Zip: BERKLEY HEIGHTS NJ 07922

Title PRESIDENT  
Name DESAI, NAVTIKA DO  
Address 105 RAIDER BLVD  
SUITE 200  
City-State-Zip: HILLSBOROUGH NJ 08844

Title CO-VICE PRESIDENT  
Name SHIFRIN, ALEXANDER MD  
Address 1945 STATE ROUTE 33  
City-State-Zip: NEPTUNE NJ 07754

Title DIRECTOR  
Name ASNANI, SUNIL MD  
Address 1945 RTE 33  
City-State-Zip: NEPTUNE NJ 07754

Title DIRECTOR  
Name RAJI, ANNASWAMY MD  
Address 64 BARTOW AVE  
City-State-Zip: COLONIA NJ 07067

**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 A. MARKOWSKI

ADMINISTRATIVE CEO

06/08/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	LUBITZ, SARA MD
Address	757 NORGATE
City-State-Zip:	WESTFIELD NJ 07090