## 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

Officer/Director Detail:

ADMINISTRATIVE CEO CO-VICE PRESIDENT Title Title

Name MARKOWSKI, PAUL A Name RAGHUWANSHI, MAYA MD

245 RIVERSIDE AVENUE Address 185 SOUTH ORANGE AVE Address SUITE 200

MSB I-588

BERKLEY HEIGHTS NJ 07922

City-State-Zip:

City-State-Zip: JACKSONVILLE FL 32202-4933 City-State-Zip: NEWARK NJ 07103

IMMEDIATE PAST PRESIDENT Title Title SECRETARY, TREASURER

Name BLEICH, DAVID MD Name BAUMAN, JEFF MD.FACE, ECNU

Address 185 SOUTH ORANGE AVENUE Address 1 DIAMOND HILL ROAD

MSB I-588

City-State-Zip: NEWARK NJ 07103

Title CO-VICE PRESIDENT Title **PRESIDENT** 

SHIFRIN, ALEXANDER MD Name DESAI, NAVTIKA DO Name Address 1945 STATE ROUTE 33

105 RAIDER BLVD Address City-State-Zip: NEPTUNE NJ 07754 SUITE 200

HILLSBOROUGH NJ 08844 City-State-Zip:

Title **DIRECTOR** 

Title DIRECTOR Name RAJI, ANNASWAMY MD

Name ASNANI, SUNIL MD Address 64 BARTOW AVE

City-State-Zip: COLONIA NJ 07067 Address 1945 RTE 33

City-State-Zip: NEPTUNE NJ 07754

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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

Date

**FILED** 

Jun 08, 2017

Secretary of State CC5003549929

## Officer/Director Detail Continued:

Title DIRECTOR

Name LUBITZ, SARA MD

Address 757 NORGATE

City-State-Zip: WESTFIELD NJ 07090