

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003204

Entity Name: NEW JERSEY CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**FILED**
Mar 29, 2019
Secretary of State
2723629569CC**Current Principal Place of Business:**1100 E. WOODFIELD ROAD
SUITE 350
SCHAUMBURG, IL 60173**Current Mailing Address:**1100 E. WOODFIELD ROAD
SUITE 350
SCHAUMBURG, IL 60173 US**FEI Number: 54-2063666****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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:** JANICE NULL, OBO INCORP SERVICES, INC.**03/29/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title CO-VICE PRESIDENT
Name BAUMAN, JEFF MD
Address 1 DIAMOND HILL ROAD
City-State-Zip: BERKLEY HEIGHTS NJ 07922

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

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

Title SECRETARY/TREASURER
Name MARGULIES, DEBRA MD
Address 95 MADISON AVENUE, 2ND FLOOR
City-State-Zip: MORRISTOWN NJ 07960

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: DEBRA MARGULIES, MD**SECRETARY/TREASURER 03/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date