

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003204

Entity Name: NEW JERSEY CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**FILED**
Apr 17, 2018
Secretary of State
CC0940433223**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****04/17/2018**

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 RAGHUWANSI, 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 MARKOWSKI**CEO****04/17/2018**

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