

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003204

Entity Name: NEW JERSEY ASSOCIATION OF ENDOCRINOLOGISTS, INC.**Current Principal Place of Business:**108 NONAMI CT
ST AUGUSTINE, FL 32092**Current Mailing Address:**PO BOX 951003
LAKE MARY, FL 32795 US**FEI Number:** 54-2063666**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEAN, AMANDA J
108 NONAMI CT
ST AUGUSTINE, FL 32092 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:** AMANDA DEAN

04/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title TREASURER/SECRETARY
Name BAUMAN, JEFF MD
Address SUMMIT MEDICAL GROUP
890 MOUNTAIN AVENUE
City-State-Zip: NEW PROVIDENCE NJ 07947

Title VP
Name RAGUWANSI, ANITA MD
Address 15 GILLMAN ROAD
City-State-Zip: CAPE MAY COURT HOUSE NJ 08210

Title PRESIDENT
Name MARGULIES, DEBRA MD
Address SUMMIT MEDICAL GROUP
95 MADISON AVENUE, FLOOR B
City-State-Zip: MORRISTOWN NJ 07960

Title DIRECTOR OF OPERATIONS
Name DEAN, AMANDA J
Address 108 NONAMI CT
City-State-Zip: ST AUGUSTINE FL 32092

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: AMANDA J DEAN**DIRECTOR OF
OPERATIONS**

04/02/2021

Electronic Signature of Signing Officer/Director Detail

Date