

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003204

Entity Name: NEW JERSEY CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**FILED**
Apr 01, 2015
Secretary of State
CC6864168075**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:**JONES, DONALD C
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|----------------------------|
| Title | CEO |
| Name | JONES, DONALD C |
| Address | 245 RIVERSIDE AVE STE 200 |
| City-State-Zip: | JACKSONVILLE FL 32202-4933 |

| | |
|-----------------|---------------------------------|
| Title | VP |
| Name | RAGHUWANSHI, MAYA PMD |
| Address | 185 SOUTH ORANGE AVE, MSB I-588 |
| City-State-Zip: | NEWARK NJ 07103 |

| | |
|-----------------|-----------------------|
| Title | IPP |
| Name | ROSENFELD, CHERYL RDO |
| Address | 1 INDIAN ROAD SUITE 8 |
| City-State-Zip: | DENVILLE NJ 07834 |

| | |
|-----------------|-----------------------------------|
| Title | 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 |

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: DONALD C JONES**CEO****04/01/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date