## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003204

Entity Name: NEW JERSEY CHAPTER OF THE AMERICAN ASSOCIATION OF

CLINICAL ENDOCRINOLOGISTS, INC.

FILED Apr 24, 2014 Secretary of State CC2284325722

# **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 Title VP

Name JONES, DONALD C Name RAGHUWANSHI, MAYA PMD

Address 245 RIVERSIDE AVE STE 200 Address 185 SOUTH ORANGE AVE, MSB I-588

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

Title IMMEDIATE PAST PRESIDENT Title **PRESIDENT** Name CALDARELLA, FELICE AMD ROSENFELD, CHERYL RDO Name Address 9100 WESCOTT DR STE 101 1 INDIAN ROAD SUITE 8 Address City-State-Zip: FLEMINGTON NJ 08822 City-State-Zip: DENVILLE NJ 07834

Title SECRETARY, TREASURER

Name BLEICH, DAVID MD

Address 185 SOUTH ORANGE AVENUE MSB I-

588

City-State-Zip: NEWARK NJ 07103

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.