

2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003204

Entity Name: NEW JERSEY ASSOCIATION OF ENDOCRINOLOGISTS, INC.**Current Principal Place of Business:**1325 ROTONDA POINT
225
LAKE MARY, FL 32746**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:**MANISCALCO, BRIAN
3275 OAKMONT TERRACE
LONGWOOD, FL 32779 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:** BRIAN MANISCALCO

03/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** TREASURER
Name GARGER, YANA
Address 10 SYCAMORE AVE
City-State-Zip: HOHOKUS NJ 07423**Title** PRESIDENT
Name RAGUWANSI, ANITA
Address 15 GILLMAN ROAD
City-State-Zip: CAPE MAY COURT HOUSE NJ 08210**Title** PAST PRESIDENT
Name MARGULIES, DEBRA
Address SUMMIT MEDICAL GROUP
 95 MADISON AVENUE, FLOOR B
City-State-Zip: MORRISTOWN NJ 07960**Title** SECRETARY
Name HASTINGS, BEVERLY
Address 1325 ROTONDA POINT
 225
City-State-Zip: LAKE MARY FL 32746**Title** PRESIDENT ELECT
Name JASSIL, NIN
Address 149 DEEPDALE PKWY
City-State-Zip: ALBERTSON NJ 11507

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: BEVERLY HASTINGS

SECRETARY

03/03/2024

Electronic Signature of Signing Officer/Director Detail

Date