2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2017
Secretary of State
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Entity Name: TEXAS CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

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: 01-0735690

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	IMMEDIATE PAST PRESIDENT
Name	TESSNOW, ALEX MD
Address	5323 HARRY HINES BOULEVARD
City-State-Zip:	DALLAS TX 75390

Title	VP
Name	LACIVITA, KATHY MD
Address	701 S ZARZAMORA ST
City-State-Zip:	SAN ANTONIO TX 78207

Title	DIRECTOR
Name	HOOD, ROBERT MD
Address	3030 NORTH STREET SUITE 560
City-State-Zip:	BEAUMONT TX 77702

Title	DIRECTOR
Name	SAMSON, SUSAN MD
Address	BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA ABBR R615 MS185
City-State-Zip:	HOUSTON TX 77030

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

Title	PRESIDENT
Name	HANDS, KATHLEEN MD, FACE, ECNU
Address	8455 MAGDALENA RUN
City-State-Zip:	HELOTES TX 78023

Title	SECRETARY, TREASURER
Name	OZER, KEREM MD
Address	TEXAS DIABETES & ENDOCRINOLOGY 6500 N. MOPAC BLDG. 3 STE 200
City-State-Zip:	AUSTIN TX 78731

Title	DIRECTOR
Name	HARRISON, LINDSAY MD
Address	6500 N. MOPAC BUILDING III SUITE 200
City-State-Zip:	AUSTIN TX 78731

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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 ADMINISTRATIVE CEO 03/03/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	RASKIN, PHILIP MD
Address	UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTRE 5323 HARRY HINES BOULEVARD SUITE G4.230
City-State-Zip:	DALLAS TX 75390