

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001857

Entity Name: OHIO RIVER REGIONAL CHAPTER OF THE AMERICAN
ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**FILED**
Apr 05, 2013
Secretary of State
CC0706796648**Current Principal Place of Business:**245 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32202-4933**Current Mailing Address:**245 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32202-4933 US**FEI Number: 20-8498169****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JONES, DONALD C
245 RIVERSIDE AVE, SUITE 200
JACKSONVILLE, FL 32202-4933 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 LOHANO, VASDEV MD
Address 2315 GREEN VALLEY RD. #100
City-State-Zip: NEW ALBANY IN 47150Title VP
Name SYED, MUSHTAQ MD
Address 119 PROFESSIONAL CTR, SUITE 206
City-State-Zip: INDIANA IN 15701Title PRESIDENT
Name WILLIAMS, SUSAN EMD
Address 9500 EUCLID AVENUE
City-State-Zip: CLEVELAND OH 44195Title CEO
Name JONES, DONALD C
Address 245 RIVERSIDE AVENUE, SUITE 200
City-State-Zip: JACKSONVILLE FL 32202Title SECRETARY, TREASURER
Name MEACHAM, JAMES MD
Address 9240 N MERIDIAN ST
City-State-Zip: INDIANAPOLIS IN 46260

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****04/05/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date