

2015 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 01, 2015
Secretary of State
CC9486568342**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	IPP
Name	SYED, MUSHTAQ MD
Address	119 PROFESSIONAL CTR, SUITE 206
City-State-Zip:	INDIANA IN 15701

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

Title	PRESIDENT
Name	MEACHAM, JAMES MD
Address	9240 N MERIDIAN ST
City-State-Zip:	INDIANAPOLIS IN 46260

Title	VP
Name	MOKSHAGUNDAM, SRI PRAKASH MD
Address	1850 STATE ST
City-State-Zip:	NEW ALBANY IN 47150

Title	SECRETARY, TREASURER
Name	LICATA, ANGELA MD,PHD,FACP,FACE
Address	9500 EUCLID AVENUE DEPT ENDO A 53
City-State-Zip:	CLEVELAND OH 44195

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