

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001119

Entity Name: NEW ENGLAND CHAPTER OF THE AMERICAN ASSOCIATION
OF CLINICAL ENDOCRINOLOGISTS, INC.**FILED**
Mar 03, 2017
Secretary of State
CC7644567010**Current Principal Place of Business:**245 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32202**Current Mailing Address:**245 RIVERSIDE AVENUE
SUITE 200
JACKSONVILLE, FL 32202**FEI Number: 32-0282099****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204 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** ADMINISTRATIVE CEO
Name JONES, DONALD C
Address 245 RIVERSIDE AVENUE
SUITE 200
City-State-Zip: JACKSONVILLE FL 32202**Title** IMMEDIATE PAST PRESIDENT
Name RAJESH, GARG MD,DM
Address DIV OF ENDOCRINOLOGY, DIABETES
AND HYPERTENSION
221 LONGWOOD AVE.
City-State-Zip: BOSTON MA 02115**Title** DIRECTOR
Name HAAS, RICHARD MD
Address 1 BROUSHANE CIRCLE
City-State-Zip: WORCESTER MA 01545**Title** DIRECTOR
Name SULLIVAN, WILLIAM MD
Address 4 LOEW CIRCLE
City-State-Zip: MILTON MA 02186**Title** DIRECTOR
Name TWINING, CHRISTINE MD
Address 172 US ROUTE 1
City-State-Zip: SCARBOROUGH ME 04074**Title** DIRECTOR
Name LEE, STEPHANIE MD
Address ENDOCRINOLOGY EVAN E-201
88 E. NEWTON STREET
ENDOCRINOLOGY EVAN E-201
City-State-Zip: BOSTON MA 02118**Title** PRESIDENT
Name ELDEIRY, LESLIE MD
Address HARVARD VANGUARD MEDICAL
ASSOCIATES
133 BROOKLINE AVENUE 5TH FLOOR
City-State-Zip: BOSTON MA 02215**Title** PRESIDENT ELECT
Name HENNESSEY, JAMES MD
Address 330 BROOKLINE AVE
BIDMC GRYZMISH 6
City-State-Zip: BOSTON MA 02115**Continues on page 2**

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**

Officer/Director Detail Continued :

Title SECRETARY, TREASURER
Name IZENSTEIN, BARRY MD
Address 2 MEDICAL CENTER DRIVE
SUITE 210
City-State-Zip: SPRINGFIELD MA 01107

Title DIRECTOR
Name TRIVEDI, NITIN MD
Address 17 HEMINGWAY ST
City-State-Zip: SHREWSBURY MA 01545

Title DIRECTOR
Name GARBER, JEFFREY R. MD
Address HARVARD VANGUARD MEDICAL ASSOCIATES
133 BROOKLINE AVE 5TH FLOOR
City-State-Zip: BOSTON MA 02215

Title DIRECTOR
Name STERNTHAL, ELLIOTT MD
Address 150 SOUTH HUNTINGTON AVENUE
MS 151 DIA ROOM B9-77
City-State-Zip: JAMAICA PLAIN MA 02130

Title DIRECTOR
Name ARIZA, MIGUEL MD
Address 20 RESEARCH PLACE
City-State-Zip: NORTH CHELMSFORD MA 01863

Title DIRECTOR
Name PALERMO, NADINE MD
Address 593 VFW PARKWAY
City-State-Zip: CHESTNUT HILL MA 02467