

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003647

Entity Name: PACIFIC NORTHWEST CHAPTER OF THE AMERICAN
ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**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: 47-1151622****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 PRESIDENT
Name DACE, TRENCE MD
Address 116 CEDAR CREST LANE
City-State-Zip: BELLEVUE WA 98004

Title PRESIDENT ELECT
Name HUNGERFORD, PATRICK R MD
Address 1225 WESTMONT DR
City-State-Zip: MEDFORD OR 97530

Title SECRETARY/TREASURER
Name SWARTS, SARAH MD
Address 3521 NW SAMARITAN DR. S.
 SUITE 201B
City-State-Zip: CORVALLIS OR 97330

Title ADMINISTRATIVE CEO
Name MARKOWSKI, PAUL A
Address 245 RIVERSIDE AVENUE
 SUITE 200
City-State-Zip: JACKSONVILLE FL 32202

Title MEMBER
Name MUNOZ, ALEJANDRO MD
Address 2126 PATTISON AVENUE
City-State-Zip: CHEYENNE WY 82009

Title MEMBER
Name NOLAN, PATRICK DO
Address P.O.BOX 111767
City-State-Zip: ANCHORAGE AK 99511

Title MEMBER
Name FLESERIU, MARIA MD
Address OREGON HEALTH SCIENCE UNIV.
 3181 SAM JACKSON PARK ROAD BTE
 472
City-State-Zip: PORTLAND OR 97239

Title MEMBER
Name STEPHENS, ELIZABETH MD
Address 5050 NE HOYT ST
 SUITE 540
City-State-Zip: PORTLAND OR 97213

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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: PAUL MARKOWSKI**CEO****04/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MEMBER
Name WRIGHT, LORENA MD
Address 4225 ROOSEVELT WAY NE
MAILBOX 354691 SUITE 101
City-State-Zip: SEATTLE WA 98105

Title LEGISLATIVE CHAIR
Name FRANCIS, THOMAS MD
Address 1380 LUSITANA STREET
SUITE 710
City-State-Zip: HONOLULU HI 96813

Title MEMBER
Name SCHUFF, KATHRYN MD
Address 3181 SW SAM JACKSON PARK RD.
L-607
City-State-Zip: PORTLAND OR 97239

Title MEMBER
Name D'SOUZA, SHERWIN
Address 403 S 11 TH ST. STE 100
City-State-Zip: BOISE ID 83712