DOCUMENT# N92000000555 Entity Name: AMERICAN COLLEGE OF ENDOCRINOLOGY, INC.

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: 59-3215539

Name and Address of Current Registered Agent:

MARKOWSKI, PAUL A 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:	PAUL A. MARKOWSKI			04/08/2021
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	CEO	Title	DIRECTOR, VP	
Name	MARKOWSKI, PAUL A	Name	REDDY, S. SETHU K. MD	
Address	245 RIVERSIDE AVENUE SUITE 200	Address	245 RIVERSIDE AVE. SUITE 200	
City-State-Zip:	JACKSONVILLE FL 32202-4933	City-State-Zip:	JACKSONVILLE FL 32202	
Title	PRESIDENT	Title	IMMEDIATE PAST PRESIDEN	г
Name	LANDO, HOWARD M MD	Name	WEBER, SANDRA L.	
	245 RIVERSIDE AVE. SUITE 200	Address	245 RIVERSIDE AVE. SUITE 200	
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202	
Title	PRESIDENT ELECT	Title	TREASURER	
Name	CALDARELLA, FELICE A.	Name	GARVEY, W. TIMOTHY	
	245 RIVERSIDE AVE. SUITE 200	Address	245 RIVERSIDE AVE. SUITE 200	
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202	
Title	CHANCELLOR	Title	DIRECTOR	
Name	HURLEY, DANIEL L.	Name	ELDEIRY, LESLIE S.	
	245 RIVERSIDE AVE. SUITE 200	Address	245 RIVERSIDE AVE. SUITE 200	
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202	

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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 A. MARKOWSKI	CEO	04/08/2021

Electronic Signature of Signing Officer/Director Detail

FILED Apr 08, 2021 Secretary of State 8469117554CC

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title
Name	KRIKORIAN, ARMAND	Name
Address	245 RIVERSIDE AVE. SUITE 200	Address
City-State-Zip:	JACKSONVILLE FL 32202	City-State
Title	DIRECTOR	Title
Name	ROSENFELD, CHERYL R.	Name
Address	245 RIVERSIDE AVE. SUITE 200	Address
City-State-Zip:	JACKSONVILLE FL 32202	City-State
Title	DIRECTOR	Title
Name	BELL, DAVID S.H.	Name
Address	245 RIVERSIDE AVE. SUITE 200	Address
City-State-Zip:	JACKSONVILLE FL 32202	City-State
Title	DIRECTOR	Title
Name	ISAACS, SCOTT D.	Name
Address	245 RIVERSIDE AVE. SUITE 200	Address
City-State-Zip:	JACKSONVILLE FL 32202	City-State
Title	DIRECTOR	Title
Name	TWINNING, CHRISTINE L.	Name
Address	245 RIVERSIDE AVE. SUITE 200	Address
City-State-Zip:	JACKSONVILLE FL 32202	City-State
Title	FIT REP	Title
Name	BAUER, ELIZABETH M.	Name
Address	245 RIVERSIDE AVE. SUITE 200	Address
City-State-Zip:	JACKSONVILLE FL 32202	City-State
Title	DIRECTOR	Title
Name	IZOURA, KENNETH E.	Name
Address	245 RIVERSIDE AVE. SUITE 200	Address
City-State-Zip:	JACKSONVILLE FL 32202	City-State
Title	DIRECTOR	Title
Name	SIRAJ, ELIASS	Name
Address	245 RIVERSIDE AVE. SUITE 200	Address
City-State-Zip:	JACKSONVILLE FL 32202	City-State

Title	
	DIRECTOR
Name	PESSAH-POLLACK, RACHEL
Address	245 RIVERSIDE AVE. SUITE 200
City-State-Zip:	JACKSONVILLE FL 32202
Title	DIRECTOR, SECRETARY
Name	SAMSON, SUSAN L.
Address	245 RIVERSIDE AVE. SUITE 200
City-State-Zip:	JACKSONVILLE FL 32202
Title	DIRECTOR
Name	EDELSON, GARY W.
Address	245 RIVERSIDE AVE. SUITE 200
City-State-Zip:	JACKSONVILLE FL 32202
Title	DIRECTOR
Name	RANDOLPH, GREGORY
Address	245 RIVERSIDE AVE. SUITE 200
City-State-Zip:	JACKSONVILLE FL 32202
Title	DIRECTOR
Name	ZIGRANG, WILLIAM D.
A al al una a a	
Address	245 RIVERSIDE AVE. SUITE 200
Address City-State-Zip:	
	SUITE 200
City-State-Zip:	SUITE 200 JACKSONVILLE FL 32202
City-State-Zip: Title	SUITE 200 JACKSONVILLE FL 32202 DIRECTOR
City-State-Zip: Title Name	SUITE 200 JACKSONVILLE FL 32202 DIRECTOR CHAIBAN, JOUMANA T. 245 RIVERSIDE AVE.
City-State-Zip: Title Name Address	SUITE 200 JACKSONVILLE FL 32202 DIRECTOR CHAIBAN, JOUMANA T. 245 RIVERSIDE AVE. SUITE 200
City-State-Zip: Title Name Address City-State-Zip:	SUITE 200 JACKSONVILLE FL 32202 DIRECTOR CHAIBAN, JOUMANA T. 245 RIVERSIDE AVE. SUITE 200 JACKSONVILLE FL 32202
City-State-Zip: Title Name Address City-State-Zip: Title	SUITE 200 JACKSONVILLE FL 32202 DIRECTOR CHAIBAN, JOUMANA T. 245 RIVERSIDE AVE. SUITE 200 JACKSONVILLE FL 32202 DIRECTOR
City-State-Zip: Title Name Address City-State-Zip: Title Name	SUITE 200 JACKSONVILLE FL 32202 DIRECTOR CHAIBAN, JOUMANA T. 245 RIVERSIDE AVE. SUITE 200 JACKSONVILLE FL 32202 DIRECTOR LEVINE , MATTHEW J. 245 RIVERSIDE AVE.
City-State-Zip: Title Name Address City-State-Zip: Title Name Address	SUITE 200 JACKSONVILLE FL 32202 DIRECTOR CHAIBAN, JOUMANA T. 245 RIVERSIDE AVE. SUITE 200 JACKSONVILLE FL 32202 DIRECTOR LEVINE , MATTHEW J. 245 RIVERSIDE AVE. SUITE 200
City-State-Zip: Title Name Address City-State-Zip: Title Name Address City-State-Zip:	SUITE 200 JACKSONVILLE FL 32202 DIRECTOR CHAIBAN, JOUMANA T. 245 RIVERSIDE AVE. SUITE 200 JACKSONVILLE FL 32202 DIRECTOR LEVINE , MATTHEW J. 245 RIVERSIDE AVE. SUITE 200 JACKSONVILLE FL 32202
City-State-Zip: Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title	SUITE 200 JACKSONVILLE FL 32202 DIRECTOR CHAIBAN, JOUMANA T. 245 RIVERSIDE AVE. SUITE 200 JACKSONVILLE FL 32202 DIRECTOR LEVINE , MATTHEW J. 245 RIVERSIDE AVE. SUITE 200 JACKSONVILLE FL 32202 DIRECTOR