## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003201

Entity Name: MID-ATLANTIC CHAPTER OF THE AMERICAN ASSOCIATION

OF CLINICAL ENDOCRINOLOGISTS, INC.

**FILED** Apr 01, 2015 **Secretary of State** CC4874531116

## **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: 11-3642514 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JONES, DONALD C 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:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title **PRESIDENT** Title ٧P

RICHARDSON, DONALD MD ALOI, JOSEPH MD Name Name

855 W BRAMBLETON AVE Address Address 855 W. BRAMBLETON AVE

City-State-Zip: NORFOLK VA 23510 City-State-Zip: NORFOLK VA 23510

Title **SECRETARY** Title CEO

IRWIG, MICHAEL MD Name DONALD, JONES C Name

Address 2150 PENSYLVANIA AVE NW SUITE 3-245 RIVERSIDE AVE - SUITE 200 Address

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: WASHINGTON DC 20037

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**