

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003201

Entity Name: MID-ATLANTIC CHAPTER OF THE AMERICAN ASSOCIATION
OF CLINICAL ENDOCRINOLOGISTS, INC.**FILED**
Apr 16, 2018
Secretary of State
CC3118853481**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:**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****04/16/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title IMMEDIATE PAST PRESIDENT
Name IRWIG, MICHAEL S MD
Address 2150 PENNSYLVANIA AVE NW
SUITE 3-416
City-State-Zip: WASHINGTON DC 20037

Title PRESIDENT
Name DEMPSEY, MICHAEL MD
Address 3200 TOWER OAKS BLVD
SUITE 250
City-State-Zip: ROCKVILLE MD 20852

Title BOARD MEMBER
Name ROBERTS, KATHERINE A MD
Address 207-D BULIFANTS BOULEVARD
City-State-Zip: WILLIAMSBURG VA 23188

Title VP
Name MAI, VINH Q DO
Address 2273 WHEEL COG PLACE
City-State-Zip: WOODBRIDGE VA 22192

Title BOARD MEMBER
Name HUNDAL, RITU MD
Address 1082 OLD CHURCHMANS RD
SUITE 100
City-State-Zip: NEWARK DE 19713

Title TREASURER
Name BOWEN-WRIGHT, HAZEL MD
Address 3022 JAVIER ROAD
SUITE 105G
City-State-Zip: FAIRFAX VA 22031

Title SECRETARY
Name PAULSON, JILL MD
Address 2150 PENNSYLVANIA AVENUE, NW
City-State-Zip: WASHINGTON DC 20037

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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****04/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name SANTULLI, MICHAEL MD
Address 1405 ROLKIN CT
 SUITE 201
City-State-Zip: CHARLOTTESVILLE VA 22911

Title BOARD MEMBER
Name LIGHTBOURNE, MARISSA
Address 10 CENTER DRIVE
City-State-Zip: BALTIMORE MD 20850

Title BOARD MEMBER
Name CELI, FRANCESCO
Address 1101 EAST MARSHALL STREET
City-State-Zip: RICHMOND VA 23298