2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: LOWER NEW YORK CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

Current Principal Place of Business:

245 RIVERSIDE AVE STE 200
JACKSONVILLE, FL 32202-4933

Current Mailing Address:

245 RIVERSIDE AVE STE 200
JACKSONVILLE, FL 32202-4933 US

FEI Number: 01-0735703

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, DONALD C
245 RIVERSIDE AVE STE 200
JACKSONVILLE, FL 32202-4933 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	P	Title	CEO
Name	TRAGER, GARY AMD	Name	JONES, DONALD C
Address	475 NEW YORK AVENUE	Address	245 RIVERSIDE AVE STE 200
City-State-Zip:	HUNTINGTON NY 11743	City-State-Zip:	JACKSONVILLE FL 32202-4933
Title	VP	Title	SECRETARY, TREASURER
Name	GRAJOWER, MARTIN MD	Name	TIBALDI, JOSEPH MD
Address	3736 HENRY HUDSON PKWY	Address	161 ROCKWOOD RD
City-State-Zip:	RIVERDALE NY 10463	City-State-Zip:	MANHASSET NY 11030

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 04/22/2014

Electronic Signature of Signing Officer/Director Detail — Date