

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003206

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:**MARKOWSKI, PAUL A
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:** 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 32202-4933

Title VP
Name GRAJOWER, MARTIN MD
Address 3736 HENRY HUDSON PKWY
City-State-Zip: RIVERDALE NY 10463

Title SECRETARY, TREASURER
Name TIBALDI, JOSEPH M MD
Address 5945 161ST STREET
City-State-Zip: FLUSHING NY 11365

Title BOARD MEMBER
Name CONDON, EDWARD MD
Address 149 COMMACK ROAD
City-State-Zip: COMMACK NY 11725

Title BOARD MEMBER
Name GREENFIELD, MARTIN MD
Address 2 PROHEALTH PLAZA
City-State-Zip: LAKE SUCCESS NY 11042

Title INTERIM PRESIDENT
Name HERSHON, KENNETH S. MD
Address 3003 NEW HYDE PARK RD
SUITE 201
City-State-Zip: NEW HYDE PARK NY 11042

Title BOARD MEMBER
Name SHANIK, MICHAEL H. MD
Address 732 SMITHTOWN BYPASS
SUITE 103
City-State-Zip: SMITHTOWN NY 11787

Title BOARD MEMBER
Name WASSERMAN, SUSAN MD
Address 560 NORTHERN BLVD
City-State-Zip: GREAT NECK NY 11021

Continues on page 2

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	BANERJI, MARY ANNE
Address	450 CLARKSON AVENUE
City-State-Zip:	BROOKLYN NY 11203