2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 16, 2017
Secretary of State
CC7078042339

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 06/16/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	TRAGER, GARY A MD
Address	475 NEW YORK AVENUE
City-State-Zip:	HUNTINGTON NY 11743

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

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

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

Title	ADMINISTRATIVE CEO
Name	MARKOWSKI, PAUL A
Address	245 RIVERSIDE AVE SUITE 200
City-State-Zip:	JACKSONVILLE FL 32202-4933

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

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

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

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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 ADMINISTRATIVE CEO 06/16/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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