2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2014
Secretary of State
CC0094758318

DOCUMENT# N02000004528

Entity Name: GEORGIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

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: 57-1135450

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
Name	UMPIERREZ, GUILLERMO MD
Address	49 JESSE HILL JR DRIVE, SE
City-State-Zip:	ATLANTA GA 30303

Title	CEO
Name	JONES, DONALD C
Address	245 RIVERSIDE AVE #200
City-State-Zip:	JACKSONVILLE FL 32202

Title	IMMEDIATE PAST PRESIDENT
Name	ISAACS, SCOTT MD
Address	775 JOHNSON FERRY ROAD
City-State-Zip:	ATLANTA GA 30342

Title	S
Name	ORIJA, ISRAEL MD
Address	285 BLVD STE 140
City-State-Zip:	ATLANTA GA 30312

Title	PRESIDENT ELECT
Name	BRANDT, STEPHEN FMD
Address	1365 CLIFTON ROAD NE, SUITE A4
City-State-Zip:	ATLANTA GA 30332

Title	TREASURER
Name	SMILEY, DAWN MD
Address	49 JESSE HILL JR DRIVE SE
City-State-Zip:	ATLANTA FL 30342

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