2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 09, 2017
Secretary of State
CC8856885712

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:

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 06/09/2017

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	PRESIDENT ELECT
Name	JOHNS, BARRY R. MD
Address	265 SHERATON BLVD. STE.100
City-State-Zip:	MACON GA 30210

Title	TREASURER
Name	CHEN, AMY MD
Address	550 PEACHTREE ST SUITE 1135
City-State-Zip:	ATLANTA GA 30308

Title	DIRECTOR
Name	HARPER, RENE MD
Address	1467 HARPER STREET HB-5025
City-State-Zip:	AUGUSTA GA 30901

Title	IMMEDIATE PAST PRESIDENT
Name	SOARES-WELCH, CACIA MD
Address	4320 POST OAK POINT
City-State-Zip:	GAINESVILLE GA 30506

Title	SECRETARY
Name	HARRIS, MATTHEY MD
Address	1240 JESSE JEWEL PARKWAY STE 500
City-State-Zip:	GAINESVILLE GA 30501

Title	PRESIDENT
Name	IOACHIMESCU, ADRIANA MD
Address	1365 B CLIFTON ROAD NE B6209
City-State-Zip:	ATLANTA GA 30322

Title	DIRECTOR
Name	PASQUEL, FRANCISCO J. MD
Address	101 WOODRUFF CIRCLE
City-State-Zip:	ATLANTA GA 30311

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 A. MARKOWSKI ADMINISTRATIVE CEO 06/09/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SHAMBAUGH, GEORGE MD
Address	49 JESSE HILL JR DRIVE SE
City-State-Zip:	ATLANTA GA 30303

Title	DIRECTOR
Name	TERRIS, DAVID MD
Address	1120 15TH ST BP-4109
City-State-Zip:	AUGUSTA GA 30912