2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004528

Entity Name: GEORGIA CHAPTER OF THE AMERICAN ASSOCIATION OF

CLINICAL ENDOCRINOLOGISTS, INC.

Apr 16, 2018 Secretary of State CC4318708329

FILED

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 04/16/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

ADMINISTRATIVE CEO **PRESIDENT** Title Title

MARKOWSKI, PAUL A Name Name JOHNS, BARRY R. MD

245 RIVERSIDE AVE Address Address 265 SHERATON BLVD.

SUITE 200 STE.100

JACKSONVILLE FL 32202 City-State-Zip: City-State-Zip: MACON GA 30210

IMMEDIATE PAST PRESIDENT Title PRESIDENT-ELECT Title

Name CHEN, AMY MD Name IOACHIMESCU, ADRIANA MD

Address 550 PEACHTREE ST Address 1365 B CLIFTON ROAD NE

SUITE 1135 B6209

City-State-Zip: ATLANTA GA 30308 City-State-Zip: ATLANTA GA 30322

BOARD MEMBER BOARD MEMBER Title Title

Name HARPER, RENE MD Name PASQUEL, FRANCISCO J. MD

Address 1467 HARPER STREET Address 101 WOODRUFF CIRCLE

HB-5025 City-State-Zip:

ATLANTA GA 30311 City-State-Zip: AUGUSTA GA 30901

Title **BOARD MEMBER** Title **BOARD MEMBER** Name TERRIS, DAVID MD

Name SHAMBAUGH, GEORGE MD Address 1120 15TH ST Address 49 JESSE HILL JR DRIVE SE BP-4109

AUGUSTA GA 30912 City-State-Zip: ATLANTA GA 30303 City-State-Zip:

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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 MARKOWSKI **CEO** 04/16/2018

Officer/Director Detail Continued:

Title TREASURER Title **SECRETARY**

ANTHONY, JEREMY Name Name GALINDO, RODOLFO

Address 2470 DANIELLS BRIDGE ROAD Address 69 JESSE HILL JR DR GLENN BLD, SUITE 202

BLDG 200, STE 221

City-State-Zip: ATHENS GA 30606 City-State-Zip: ATLANTA GA 30303