2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001563

Entity Name: CALIFORNIA CHAPTER OF THE AMERICAN ASSOCIATION OF

CLINICAL ENDOCRINOLOGISTS, INC.

FILED Apr 01, 2015 Secretary of State CC7972451602

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: 01-0676431 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **IPP** Title **PRESIDENT**

BAILEY, TIMOTHY SMD Name Name GUERIN, CHRIS MD

Address 700 WEST EL NORTE PARKWAY, Address 3927 WARING ROAD SUITE C

SUITE 201

City-State-Zip: OCEANSIDE CA 92056 ESCONDIDO CA 92026 City-State-Zip:

Title VΡ Title CEO

Name BUSH, MICHAEL A MD JONES, DONALD C Name

8920 WILSHIRE BOULEVARD Address Address

245 RIVERSIDE AVE, SUITE 200 **SUITE 635**

City-State-Zip: BEVERLY HILLS CA 90211 City-State-Zip: JACKSONVILLE FL 32202

Title **SECRETARY** Title **TREASURER**

Name WEINREB, JANE MD Name LEVINE, MATTHEW MD, FACE

Address 11301 WILSHIRE BLVD, STE. 111A 10666 NORTH TORREY PINES RD, MS Address

212-A

LOS ANGELES CA 90073 City-State-Zip: LA JOLLA CA 92037 City-State-Zip:

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.

Electronic Signature of Signing Officer/Director Detail