

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001563

**FILED**  
**Mar 02, 2017**  
**Secretary of State**  
**CC4068212580**

**Entity Name:** CALIFORNIA 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: 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BAILEY, TIMOTHY S MD  
Address 700 WEST EL NORTE PARKWAY  
SUITE 201  
City-State-Zip: ESCONDIDO CA 92026

Title IMMEDIATE PAST PRESIDENT  
Name GUERIN, CHRIS MD  
Address 3927 WARING ROAD  
SUITE C  
City-State-Zip: OCEANSIDE CA 92056

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

Title PRESIDENT  
Name BUSH, MICHAEL A. MD  
Address 8920 WILSHIRE BOULEVARD  
SUITE 635  
City-State-Zip: BEVERLY HILLS CA 90211

Title VP  
Name LEVINE, MATTHEW MD  
Address 10666 NORTH TORREY PINES ROAD  
MS 212-A  
City-State-Zip: LA JOLLA CA 92037

Title TREASURER  
Name WEINREB, JANE MD  
Address 11301 WILSHIRE BLVD.  
STE. 111A  
City-State-Zip: LOS ANGELES CA 90073

Title SECRETARY  
Name CHEUNG, DIANNE MD  
Address 3445 PACIFIC COAST HWY.  
City-State-Zip: TORRANCE CA 90505

Title DIRECTOR  
Name HAN, JENNIFER MD  
Address 3445 PACIFIC COAST HWY.  
SUITE 100  
City-State-Zip: TORRANCE CA 90505

**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: DONALD C. JONES**

**ADMINISTRATIVE CEO**

**03/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name EINHORN, DANIEL MD  
Address 9850 GENESEE AVENUE  
STE. 415  
City-State-Zip: LA JOLLA CA 92037

Title DIRECTOR  
Name MOGHISSI, ETIE MD  
Address 4644 LINCOLN BLVD.  
STE. 409  
City-State-Zip: MARINA DEL RAY CA 90292

Title DIRECTOR  
Name ZIGRANG, WILLIAM MD  
Address 1750 EL CAMINO REAL  
STE. 202  
City-State-Zip: BURLINGAME CA 94010

Title DIRECTOR  
Name CHAPPELL, DAVID MD  
Address 141 LYNCH CREEK WAY  
SUITE A  
City-State-Zip: PETALUMA CA 94954

Title DIRECTOR  
Name HANDELSMAN, YEHUDA MD  
Address 18372 CLARK ST.  
#212  
City-State-Zip: TARZANA CA 91356

Title DIRECTOR  
Name RETTINGER, HERBERT MD  
Address 2617 E. CHAPMAN AVE.  
STE. 105  
City-State-Zip: ORANGE CA 92869

Title DIRECTOR  
Name SHAH, PRIYA MD  
Address 725 W. LA VETA AVE.  
SUITE 220  
City-State-Zip: ORANGE CA 92868