

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000001563

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:

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

06/13/2017

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 MARKOWSKI, PAUL A
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

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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 A. MARKOWSKI

ADMINISTRATIVE CEO

06/13/2017

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