


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 23 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F03000004129			
1. Entity Name THE NORTH AMERICAN MENOPAUSE SOCIETY, INC.			
Principal Place of Business 5900 LANDERBROOK DRIVE, SUITE 195 MAYFIELD HEIGHTS, OH 44124		Mailing Address 5900 LANDERBROOK DRIVE, SUITE 195 MAYFIELD HEIGHTS, OH 44124	
2. Principal Place of Business		3. Mailing Address c/o Copilevitz & Canter, LLC	
Suite, Apt. #, etc.		423 W. 8th Street, Suite 400	
City & State		City & State Kansas City, MO	
Zip	Country	Zip	Country
		64105	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASS, MARGARY L.S. MD	NAME	Please see the attached list.
STREET ADDRESS	231 ALBERT SABIN WAY	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 452670526	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSEL, BRUCE MD	NAME	
STREET ADDRESS	1301 PUNCHBOWL STREET	STREET ADDRESS	
CITY-ST-ZIP	HONOLULU, HI 96813	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, J. CHRIS MD	NAME	
STREET ADDRESS	601 N. 30TH STREET, SUITE 6712	STREET ADDRESS	
CITY-ST-ZIP	OMAHA, NE 68131	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Carole Develle</i>		Administrative Director 2/6/04 440/442-7550	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



01272004 Chg-NP CR2E037 (10/03)

4. FEI Number 34-1604749 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
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SIGNATURE: *Carole Develle* Administrative Director 2/6/04 440/442-7550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2003/2004 NAMS BOARD OF TRUSTEES

**OFFICERS:**

**PRESIDENT**

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