

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001562

Entity Name: SOUTHERN SOCIETY OF ENDOCRINOLOGISTS, INC.

Current Principal Place of Business:

1100 E. WOODFIELD ROAD
SUITE 350
SCHAUMBURG, IL 60173

Current Mailing Address:

1100 E. WOODFIELD ROAD
SUITE 350
SCHAUMBURG, IL 60173 US

FEI Number: 56-2294666

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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: JANICE NULL, OBO INCORP SERVICES, INC.

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST PRESIDENT
Name WARRINER, AMY HOTH MD
Address UAB HOSPITAL - HIGHLANDS
1201 11TH AVENUE SOUTH SUITE 500
City-State-Zip: BIRMINGHAM AL 35205

Title TREASURER
Name CHADHA, MONISHA MD
Address SOUTH LOUISIANA MEDICAL
ASSOCIATES
1978 INDUSTRIAL BLVD.
City-State-Zip: HOUMA LA 70363

Title PRESIDENT
Name STAHL, ELIZABETH J. MD
Address CIGNA MEDICARE ADVANTAGE
2 CHASE CORPORATE DRIVE SUITE
300
City-State-Zip: HOOVER AL 35244

Title PRESIDENT-ELECT
Name LOVRE, DRAGANA MD
Address TULANE UNIVERSITY SCHOOL OF
MEDICINE
1430 TULANE AVE #8553
City-State-Zip: NEW ORLEANS LA 70112

Title SECRETARY
Name FRENCH, SARAH E. MD
Address PRIMARY CARE CLINIC OF RIPLEY
1009 CITY AVE NORTH
City-State-Zip: RIPLEY MS 38663

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: MONISHA CHADHA, MD

TREASURER

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date