## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004527

Entity Name: TEXAS CHAPTER OF THE AMERICAN ASSOCIATION OF

CLINICAL 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: 01-0735690 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 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.

03/29/2019

**FILED** Mar 29, 2019

**Secretary of State** 

6176766166CC

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title **PRESIDENT** Title IMMEDIATE PAST PRESIDENT LA CIVITA, KATHY MD HANDS, KATHLEEN MD Name Name 701 S ZARZAMORA ST Address Address 8455 MAGDALENA RUN City-State-Zip: HELOTES TX 78023 City-State-Zip: SAN ANTONIO TX 78207

Title SECRETARY/TREASURER Title SAMSON, SUSAN MD Name OZER, KEREM MD Name

**TEXAS DIABETES &** Address

**ENDOCRINOLOGY** 

6500 N. MOPAC BLDG. 3 STE 200

Address BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA ABBR R615

MS185

City-State-Zip: HOUSTON TX 77030 AUSTIN TX 78731 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.

SIGNATURE: SUSAN L. SAMSON, MD

SECRETARY/TREASURER 03/29/2019