

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001857

**Entity Name:** OHIO RIVER REGIONAL CHAPTER OF THE AMERICAN  
ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**FILED**  
**Mar 20, 2020**  
**Secretary of State**  
**1429132512CC****Current Principal Place of Business:**1100 E. WOODFIELD ROAD  
SUITE 350  
SCHAUMBURG, IL 32202-4933**Current Mailing Address:**1100 E. WOODFIELD ROAD  
SUITE 350  
SCHAUMBURG, IL 60173 US**FEI Number: 20-8498169****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.**03/20/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	IMMEDIATE PAST PRESIDENT
Name	WYNE, KATHLEEN MD
Address	OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER 410 W. 10TH AVENUE
City-State-Zip:	COLUMBUS OH 43210

Title	PRESIDENT
Name	ZIMMERMAN, ROBERT MD
Address	CLEVELAND CLINIC, DEPT OF ENDOCRINOLOGY 9500 EUCLID AVE
City-State-Zip:	CLEVELAND OH 44195

Title	VP
Name	KRISHNASAMY, SATHYA SRIDEVI MD
Address	UNIVERSITY OF LOUISVILLE PHYSICIANS 550 S. JACKSON AB A3 11
City-State-Zip:	LOUISVILLE KY 40202

Title	SECRETARY/TREASURER
Name	RYAN, LAURA MD
Address	CENTER FOR WOMEN'S HEALTH 1581 DODD DRIVE SUITE 300 MCCAMPBELL HALL
City-State-Zip:	COLUMBUS OH 43210

*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:** LAURA RYAN, MD**SECRETARY/TREASURER 03/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date