

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001119

Entity Name: NEW ENGLAND ENDOCRINE ALLIANCE, 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:** 32-0282099**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.

04/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** IMMEDIATE PAST PRESIDENT**Name** ZERIKLY, RAHFA KURDI MD**Address** MAINE MEDICAL PARTNERS
ENDOCRINOLOGY
175 US ROUTE ONE**City-State-Zip:** SCARBOROUGH ME 04074-9308**Title** PRESIDENT-ELECT**Name** LEE, SUN Y. MD**Address** BOSTON UNIVERSITY SCHOOL OF
MEDICINE
720 E. CONCORD STREET C# SUITE
8100**City-State-Zip:** BOSTON MA 02118**Title** PRESIDENT**Name** GOPALAKRISHNAN, GEETHA MD**Address** BROWN UNIVERSITY
375 WAMPANOAG TRAIL SUITE 202B**City-State-Zip:** EAST PROVIDENCE RI 02914**Title** SECRETARY/TREASURER**Name** HAMOUEH, EYAD MD**Address** UMASS MEMORIAL MEDICAL CENTER
55 LAKE NORTH AVENUE NORTH**City-State-Zip:** WORCESTER MA 01655

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: GEETHA GOPALAKRISHNAN**PRESIDENT**

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date