

2021 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.
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.

03/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST PRESIDENT
Name ARIZA, MIGUEL MD
Address LOWELL GENERAL HOSPITAL
9 LOON HILL ROAD SUITE 301
City-State-Zip: DRACUT MA 01826

Title PRESIDENT
Name PALERMO, NADINE DO
Address BRIGHAM AND WOMEN'S HOSPITAL
221 LONGWOOD AVENUE SUITE 381
City-State-Zip: BOSTON MA 02115

Title PRESIDENT-ELECT
Name ZERIKLY, RAHFA KURDI MD
Address MAINE MEDICAL PARTNERS
ENDOCRINOLOGY
175 US ROUTE ONE
City-State-Zip: SCARBOROUGH ME 04074-9308

Title SECRETARY/TREASURER
Name GOPALAKRISHNAN, GEETHA MD
Address BROWN UNIVERSITY
375 WAMPANOAG TRAIL SUITE 202B
City-State-Zip: EAST PROVIDENCE RI 02914

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**SECRETARY/TREASURER** 03/30/2021

Electronic Signature of Signing Officer/Director Detail

Date