

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005244

Entity Name: HEARTLAND ENDOCRINE ROUNDTABLE, 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:** 35-2365453**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.

03/25/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	IMMEDIATE PAST PRESIDENT
Name	CHALMERS, LAURA MD
Address	PEDS DIABETIC CLINIC 4444 E 41ST STREET
City-State-Zip:	TULSA OK 74135

Title	VP
Name	WALEWICZ, DOROTA MD
Address	ST. LUKE'S MEDICAL GROUP 5405 W. 151ST STREET
City-State-Zip:	SHAWNEE MISSION KS 66224

Title	PRESIDENT
Name	BAO, SCHUNZHONG MD
Address	CHI ST. VINCENT LITTLE ROCK DIAGNOSTIC CTR 10001 LILE DRIVE
City-State-Zip:	LITTLE ROCK AZ 72205

Title	SECRETARY/TREASURER
Name	KARNCHANASORN, RUDRUIDEE MD
Address	3901 RAINBOW BLVD MAILSTOP 2024
City-State-Zip:	KANSAS CITY KS 66160

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: RUDRUIDEE KARNCHANASORN, MD**SECRETARY/TREASURER** 03/25/2021

Electronic Signature of Signing Officer/Director Detail

Date