

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005244

Entity Name: HEARTLAND CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

Current Principal Place of Business:

245 RIVERSIDE AVENUE SUITE 200
JACKSONVILLE, FL 32202

Current Mailing Address:

245 RIVERSIDE AVENUE SUITE 200
JACKSONVILLE, FL 32202 US

FEI Number: 35-2365453

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE SUITE 115
JACKSONVILLE, FL 32204 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST PRESIDENT
Name GRAVES, LELAND MD
Address 3901 RAINBOW BLVD. MAIL STOP
2024
City-State-Zip: KANSAS CITY KS 66160

Title CEO
Name JONES, DONALD C
Address 245 RIVERSIDE AVE - SUITE 200
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY, TREASURER
Name TAYLOR, ALAIN MD
Address 7710 MERCY RD #426
City-State-Zip: OMAHA NE 68124

Title PRESIDENT
Name BRIAN, SUSAN RMD
Address 2329 NW 35TH STREET
City-State-Zip: TOPEKA KS 66618

Title VP
Name DRINCIC, ANDJELA MD
Address 983020 NEBRASKA MEDICAL CENTER
City-State-Zip: OMAHA NE 68198

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: DONALD C JONES

CEO

04/05/2013

Electronic Signature of Signing Officer/Director Detail

Date