

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005244

Entity Name: HEARTLAND CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**FILED**
Mar 02, 2017
Secretary of State
CC3868989794**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 ADMINISTRATIVE CEO
Name JONES, DONALD C
Address 245 RIVERSIDE AVE
SUITE 200
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT
Name SILVERBERG, ALAN MD
Address 8101 STANFORD AVENUE
City-State-Zip: UNIVERSITY CITY MO 63130

Title DIRECTOR
Name HELLMAN, RICHARD MD
Address 2790 CLAY EDWARDS DRIVE
SUITE 1250
City-State-Zip: NORTH KANSAS CITY MO 64116

Title DIRECTOR
Name BURGERT, TANIA MD
Address 3101 BROADWAY
City-State-Zip: KANSAS CITY MO 64111

Title IMMEDIATE PAST PRESIDENT
Name WEIDE, LAMONT MD
Address 5707 W 130TH ST
City-State-Zip: OVERLAND PARK KS 66209-3646

Title VP
Name CHALMERS, LAURA MD
Address 444 E 41ST STREET
City-State-Zip: TULSA OK 74135

Title SECRETARY, TREASURER
Name ELHOMSY, GEORGES MD
Address 1010 N KANSAS ST
City-State-Zip: WICHITA KS 67214

Title DIRECTOR
Name KARNCHANASORN, RUDRUIDEE MD
Address 3901 RAINBOW BLVD
MAIL STOP 2024
City-State-Zip: KANSAS CITY KS 66160

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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**ADMINISTRATIVE CEO****03/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MITRE, NAIM MD
Address 3101 BROADWAY
 SUITE 900
City-State-Zip: KANSAS CITY MO 64111

Title DIRECTOR
Name SHIVASWAMY, VIJAY MD
Address 984130 NEBRASKA MEDICAL CENTER
City-State-Zip: OMAHA NE 68198