

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005244

**Entity Name:** HEARTLAND CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**FILED**  
**Apr 01, 2015**  
**Secretary of State**  
**CC4396199673****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	CEO
Name	JONES, DONALD C
Address	245 RIVERSIDE AVE - SUITE 200
City-State-Zip:	JACKSONVILLE FL 32202

Title	PRESIDENT
Name	BHATTACHARYA, RAJIB MD
Address	4023 WESCUE MS 2024, 3901 RAINBOW BLVD
City-State-Zip:	KANSAS CITY KS 66160

Title	SECRETARY/TREASURER
Name	SILVERBERG, ALAN MD,FACP,FACE
Address	8101 STANFORD AVENUE
City-State-Zip:	UNIVERSITY CITY MO 63130

Title	IPP
Name	RAMAN, SRIPRIYA (PRIYA) MD
Address	2401 GILLHAM RD KANSAS CITY
City-State-Zip:	MO FL 64108
Title	VP
Name	WEIDE, LAMONT MD, PHD, FACE
Address	5707 W 130TH ST
City-State-Zip:	OVERLAND PARK MO 66209-3646

*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****04/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date