Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0900005244

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

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	RE: JANICE NULL, OBO INCORP SERVICES, INC.		
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	IMMEDIATE PAST PRESIDENT	Title	SECRETARY/TREASURER
Name	CHALMERS, LAURA MD	Name	BHATTACHARYA, RAJIB MD
Address	PEDS DIABETIC CLINIC 444 E 41ST STREET	Address	UNIVERSITY OF KANSAS MED CENTER
City-State-Zip:	TULSA OK 74135		3901 RAINBOW BLVD. WESCOE 4023
		City-State-Zip:	KANSAS CITY KS 66160
Title	VP	Title	PRESIDENT
Name	WALEWICZ, DOROTA MD		
Address	ST. LUKE'S MEDICAL GROUP 5405 W. 151ST STREET	Name	BAO, SCHUNZHONG MD
		Address	CHI ST. VINCENT LITTLE ROCK
City-State-Zip:	SHAWNEE MISSION KS 66224		DIAGNOSTIC CTR 10001 LILE DRIVE
		City-State-Zip:	LITTLE ROCK AZ 72205

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: RAJIB BHATTACHARYA, MD

SECRETARY/TREASURER 03/20/2020

FILED Mar 20, 2020 Secretary of State 6805295344CC

Certificate of Status Desired: No

Date