

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005244

Entity Name: HEARTLAND CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**FILED**
Apr 22, 2014
Secretary of State
CC6433235607**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 IMED PAST PRESIDENT

Name BRIAN, SUSAN RMD

Address 2329 NW 35TH STREET

City-State-Zip: TOPEKA KS 66618

Title CEO

Name JONES, DONALD C

Address 245 RIVERSIDE AVE - SUITE 200

City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY, TREASURER

Name THURMAN, JEROME E MD

Address 1551 WALL STREET STE 430

City-State-Zip: ST. CHARLES MO 63303

Title PRESIDENT

Name RAMAN, SRIPRIYA (PRIYA) MD

Address 2401 GILLHAM RD
KANSAS CITY

City-State-Zip: MO FL 64108

Title VP

Name BHATTACHARYA, RAJIB MD

Address 4023 WESCUE MS 2024,
3901 RAINBOW BLVD

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: DONALD C JONES**CEO****04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date