

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000004129

**FILED**  
**Apr 03, 2019**  
**Secretary of State**  
**4458401728CC**

**Entity Name:** THE NORTH AMERICAN MENOPAUSE SOCIETY, INC.

**Current Principal Place of Business:**

30100 CHAGRIN BLVD  
SUITE 210  
PEPPER PIKE, OH 44124

**Current Mailing Address:**

30100 CHAGRIN BLVD  
STE 210  
PEPPER PIKE, OH 44124 US

**FEI Number:** 34-1604749

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SHAPIRO, MARLA DR.  
Address 3292 BAYVIEW AVENUE  
SUITE 105  
City-State-Zip: TORONTO M2M 4J5

Title COO  
Name DEVELEN, CAROLYN  
Address 30100 CHAGRIN BLVD  
STE 210  
City-State-Zip: PEPPER PIKE OH 44124

Title PRESIDENT  
Name KINGSBERG, SHERYL A PHD  
Address 11100 EUCLID AVE  
MAILSTOP 5034  
City-State-Zip: CLEVELAND OH 44106

Title PRESIDENT-ELECT  
Name LIU, JAMES H MD  
Address 11100 EUCLID AVENUE  
MAC7105  
City-State-Zip: CLEVELAND OH 44106

Title EXECUTIVE DIRECTOR  
Name PINKERTON, JOANN V MD  
Address 30100 CHAGRIN BLVD  
STE 210  
City-State-Zip: PEPPER PIKE OH 44124

Title BOARD MEMBER  
Name CHISM, LISA ASTALOS DNP  
Address 4100 JOHN R ST (HP07WC)  
City-State-Zip: DETROIT MI 48201

Title BOARD MEMBER  
Name HODIS, HOWARD N MD  
Address 2250 ALCAZAR ST  
CSC 132  
City-State-Zip: LOS ANGELES CA 90033

Title BOARD MEMBER  
Name MCCLUNG, MICHAEL R MD  
Address 2881 NW CUMBERLAND RD  
City-State-Zip: PORTLAND OR 97210

**Continues on page 2**

*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:** CAROLYN DEVELEN

**CHIEF OPERATING  
OFFICER**

**04/03/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name RICHARD-DAVIS, GLORIA A MD  
Address 4301 W MARKHAM ST, SL518  
City-State-Zip: LITTLE ROCK AR 72205

Title SECRETARY  
Name THURSTON, REBECCA C PHD  
Address 3811 O'HARA ST  
STERLING PLAZA, RM 211  
City-State-Zip: PITTSBURGH PA 15213

Title BOARD MEMBER  
Name FAUBION, STEPHANIE S MD, FACP, NCMP, IF  
Address 660 FOX CHASE RD.  
City-State-Zip: ROCHESTER MN 55902

Title TREASURER  
Name SANTORO, NANETTE F MD  
Address 12631 E. 17TH AVE  
MAIL STOP B-198 ACADEMIC OFFICE  
1, RM 4010  
City-State-Zip: AURORA CO 80045

Title BOARD MEMBER  
Name CRANDALL, CAROLYN J MD, MS,  
NCMP  
Address 911 BROXTON AVE  
1ST FLOOR  
City-State-Zip: LOS ANGELES CA 90024

Title BOARD MEMBER  
Name JOFFE, HADINE MD, MSC  
Address 75 FRANCIS ST.  
THORN 1111  
City-State-Zip: BOSTON MA 02115