

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004129

FILED
Apr 28, 2023
Secretary of State
3706223406CC

Entity Name: THE NORTH AMERICAN MENOPAUSE SOCIETY, INC.

Current Principal Place of Business:

30050 CHAGRIN BLVD
SUITE 120
PEPPER PIKE, OH 44124

Current Mailing Address:

30050 CHAGRIN BLVD
STE 120
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 COO
Name DEVELEN, CAROLYN
Address 30050 CHAGRIN BLVD
STE 120
City-State-Zip: PEPPER PIKE OH 44124

Title MEDICAL DIRECTOR
Name FAUBION, STEPHANIE S MD, FACP,
NCMP, IF
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

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

Title PRESIDENT-ELECT
Name LARKIN, LISA MD
Address 3908 MIAMI ROAD
City-State-Zip: CINCINNATI OH 45227

Title BOARD MEMBER
Name EL KHOUDARY, SAMAR PHD, MPH,
BPHARM, FAHA
Address 4420 BAYARD STREET, SUITE 600
City-State-Zip: PITTSBURGH PA 15260

Title PRESIDENT
Name REED, SUSAN MD, MPH
Address BOX 359865 HMC
325 9TH AVENUE
City-State-Zip: SEATTLE WA 98104

Title IMMEDIATE PAST PRESIDENT
Name SHUFELT, CHRISANDRA MD, MS,
FACP, NCMP
Address 8631 W. 3RD STREET
City-State-Zip: LOS ANGELES CA 90048

Title TREASURER
Name SOARES, CLAUDIO MD, PHD, FRCPC,
MBA
Address 8 FAIRCREST BLVD.
City-State-Zip: KINGSTON K7L 4V1

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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: CAROLYN DEVELEN

COO

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name SHEN, WEN MD, MPH
Address 104 CHARLCOTE RD.
City-State-Zip: BALTIMORE MD 21218

Title BOARD MEMBER
Name JEFFERS, LAURIE S DNP, FNP-BC, NCMP
Address 911 RIVER RD.
City-State-Zip: FAIR HAVEN NJ 07704

Title BOARD MEMBER
Name KINNEY, CHERYL C. MD, FACOG, NCMP
Address 30050 CHAGRIN BLVD
STE 120
City-State-Zip: PEPPER PIKE OH 44124

Title BOARD MEMBER
Name SCHIFF, ISAAC CM, MD
Address 30050 CHAGRIN BLVD
SUITE 120
City-State-Zip: PEPPER PIKE OH 44124

Title BOARD MEMBER
Name CARPENTER, JANET PHD, RN, FAAN
Address 8008 MORNINGSIDE DR.
City-State-Zip: INDIANAPOLIS IN 46240

Title SECRETARY
Name CHRISTMAS, MONICA M MD, FACOG,
NCMP
Address 1234 E. HYDE PARK BLVD.
APT 1
City-State-Zip: CHICAGO IL 60615

Title BOARD MEMBER
Name THOMAS, HOLLY N. MD, MS, NCMP
Address 30050 CHAGRIN BLVD
SUITE 120
City-State-Zip: PEPPER PIKE OH 44124