

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004129

FILED
Jun 29, 2020
Secretary of State
5121222184CC

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

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

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

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

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

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

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

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**

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

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