

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000004129

**FILED**  
**May 02, 2022**  
**Secretary of State**  
**9436950354CC**

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

Title IMMEDIATE PAST PRESIDENT  
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 MCCLUNG, MICHAEL R MD  
Address 2881 NW CUMBERLAND RD  
City-State-Zip: PORTLAND OR 97210

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

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

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

**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**

**05/02/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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