

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004129

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