

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001563

Entity Name: CALIFORNIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.**FILED**
Mar 13, 2019
Secretary of State
9274661118CC**Current Principal Place of Business:**1100 E. WOODFIELD ROAD
SUITE 350
SCHAUMBURG, IL 60173**Current Mailing Address:**1100 E. WOODFIELD ROAD
SUITE 350
SCHAUMBURG, IL 60173 US**FEI Number: 01-0676431****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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:** JANICE NULL, OBO INCORP SERVICES, INC.**03/13/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST PRESIDENT
Name BUSH, MICHAEL A. MD
Address 8920 WILSHIRE BOULEVARD
SUITE 635
City-State-Zip: BEVERLY HILLS CA 90211

Title VP
Name WEINREB, JANE MD
Address 11301 WILSHIRE BLVD.
STE. 111D
City-State-Zip: LOS ANGELES CA 90073

Title SECRETARY
Name HAN, JENNIFER MD
Address 3445 PACIFIC COAST HWY.
SUITE 100
City-State-Zip: TORRANCE CA 90505

Title DIRECTOR
Name RETTINGER, HERBERT MD
Address 725 W. LAVETA
STE. 220
City-State-Zip: ORANGE CA 92868

Title PRESIDENT
Name LEVINE, MATTHEW MD
Address 9898 GENESSEE AVENUE
City-State-Zip: LA JOLLA CA 92037

Title TREASURER
Name CHEUNG, DIANNE MD
Address 3445 PACIFIC COAST HWY.
City-State-Zip: TORRANCE CA 90505

Title DIRECTOR
Name MOGHISSI, ETIE MD
Address 4644 LINCOLN BLVD.
STE. 409
City-State-Zip: MARINA DEL RAY CA 90292

Title DIRECTOR
Name ZIGRANG, WILLIAM MD
Address 1750 EL CAMINO REAL
STE. 202
City-State-Zip: BURLINGAME CA 94010

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: DIANNE S. CHEUNG**TREASURER****03/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SHAH, PRIYA MD
Address 6984 E. MAGDALENA DRIVE
SUITE 220
City-State-Zip: ORANGE CA 92867

Title DIRECTOR
Name HAWKINS, JOSEPH MD
Address 7230 N. MILLBROOK AVENUE
City-State-Zip: FRESNO CA 93720

Title DIRECTOR
Name SHEN-CHI WU, PATRICIA MD
Address 3851 SHAW RIDGE ROAD
City-State-Zip: SAN DIEGO CA 92130

Title DIRECTOR
Name GUERIN, CHRIS
Address 3927 WARING ROAD, STE. C
City-State-Zip: OCEANSIDE CA 92056

Title DIRECTOR
Name RODRIGUEZ MARTINEZ, RENIL MARIE
MD
Address 9898 GENESEE AVENUE
6TH FLOOR
City-State-Zip: LA JOLLA CA 92037