

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001563

Entity Name: CLINICAL ASSOCIATION OF CALIFORNIA
ENDOCRINOLOGISTS, INC.**FILED**
Mar 25, 2021
Secretary of State
9965317946CC**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:**INCRP 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 INCRP SERVICES, INC.**03/25/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** IMMEDIATE PAST PRESIDENT
Name LEVINE, MATTHEW MD
Address 9898 GENESSEE AVENUE
City-State-Zip: LA JOLLA CA 92037**Title** PRESIDENT
Name WEINREB, JANE MD
Address 11301 WILSHIRE BLVD.
STE. 111D
City-State-Zip: LOS ANGELES CA 90073**Title** VP
Name CHEUNG, DIANNE MD
Address 3445 PACIFIC COAST HWY.
City-State-Zip: TORRANCE CA 90505**Title** TREASURER
Name HAN, JENNIFER MD
Address 3445 PACIFIC COAST HWY.
SUITE 100
City-State-Zip: TORRANCE CA 90505**Title** SECRETARY
Name KHANIJOU SHAH, PRIYA MD
Address 725 W. LA VETA AVENUE
#220
City-State-Zip: ORANGE CA 92868

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: JENNIFER HAN, MD**TREASURER****03/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date