2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2019
Secretary of State
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Entity Name: MID-ATLANTIC CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

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: 11-3642514

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. 03/29/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	IMMEDIATE PAST PRESIDENT
Name	IRWIG, MICHAEL S MD
Address	2150 PENNSYLVANIA AVE NW SUITE 3-416
City-State-Zip:	WASHINGTON DC 20037

Title	PRESIDENT
Name	DEMPSEY, MICHAEL MD
Address	3200 TOWER OAKS BLVD SUITE 250
City-State-Zip:	ROCKVILLE MD 20852

Title	VP
Name	MAI, VINH Q DO
Address	2273 WHEEL COG PLACE
City-State-Zip:	WOODBRIDGE VA 22192

Title	TREASURER
Name	BOWEN-WRIGHT, HAZEL MD
Address	8301 ARLINGTON BLVD. SUITE 308
City-State-Zip:	FAIRFAX VA 22031

Title	SECRETARY
Name	PAULSON, JILL MD
Address	2150 PENNSYLVANIA AVENUE, NW
City-State-Zip:	WASHINGTON DC 20037

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: HAZEL BOWEN-WRIGHT, MD TREASURER 03/29/2019

Electronic Signature of Signing Officer/Director Detail — Date