

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003201

Entity Name: MID-ATLANTIC SOCIETY OF 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.**03/29/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	IMMEDIATE PAST PRESIDENT
Name	DEMPSEY, MICHAEL MD
Address	3200 TOWER OAKS BLVD SUITE 250
City-State-Zip:	ROCKVILLE MD 20852
Title	VP
Name	BOWEN-WRIGHT, HAZEL EQUA MD
Address	VIRGINIA ENDOCRINOLOGY CONSULTANTS 8301 ARLINGTON BLVD. SUITE 308
City-State-Zip:	FAIRFAX VA 22031

Title	PRESIDENT
Name	MAI, VINH QUANG DO
Address	WALTER REED NATIONAL MILITARY MED CNTR 8901 WISCONSIN AVENUE
City-State-Zip:	BETHESDA MD 20889-5600
Title	SECRETARY/TREASURER
Name	PAULSON, JILL M. MD
Address	GEORGE WASHINGTON UNIVERSITY 2300 M. STREET, 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: JILL M. PAULSON, MD**SECRETARY/TREASURER 03/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date