

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008842

Entity Name: WESTERN ENDOCRINE ASSOCIATION, 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:** 75-3094329**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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.

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	ZWART, ALEXANDER D. MD
Address	TUCSON ENDOCRINE 5910 N LA CHOLLA BLVD
City-State-Zip:	TUCSON AZ 85741
Title	PRESIDENT
Name	RUBIO, SANDRA I. MD
Address	KINGMAN REGIONAL MEDICAL CENTER 3801 SANTA ROSA DRIVE
City-State-Zip:	KINGMAN AZ 86401

Title	PAST PRESIDENT
Name	CORREA, RICARDO MD
Address	CLEVELAND CLINIC 9500 EUCLID AVENUE F20
City-State-Zip:	CLEVELAND OH 44145
Title	SECRETARY/TREASURER
Name	BORON, ANNA MD
Address	ARKANGEL ENDOCRINOLOGY 2222 E HIGHLAND AVE
City-State-Zip:	PHOENIX AZ 85016

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: ANNA BORON, MD**SECRETARY/TREASURER** 04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date