## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001563

Entity Name: CLINICAL ASSOCIATION OF CALIFORNIA

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: 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. 03/25/2021

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

Officer/Director Detail:

Title IMMEDIATE PAST PRESIDENT Title **PRESIDENT** 

LEVINE, MATTHEW MD WEINREB, JANE MD Name Name 9898 GENESSEE AVENUE 11301 WILSHIRE BLVD. Address Address

STE. 111D City-State-Zip: LA JOLLA CA 92037 City-State-Zip: LOS ANGELES CA 90073

Title

Title **TREASURER** CHEUNG, DIANNE MD Name

Name HAN, JENNIFER MD 3445 PACIFIC COAST HWY. Address

Address 3445 PACIFIC COAST HWY. City-State-Zip: TORRANCE CA 90505 SUITE 100

TORRANCE CA 90505

Title **SECRETARY** 

KHANIJOU SHAH, PRIYA MD Name

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

**FILED** Mar 25, 2021

**Secretary of State** 

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