

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001563

**Entity Name:** CLINICAL ASSOCIATION OF CALIFORNIA  
ENDOCRINOLOGISTS, INC.

**FILED**  
**Apr 25, 2022**  
**Secretary of State**  
**5675972849CC**

**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.**

**04/25/2022**

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**

**TREASURER**

**04/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date