

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001563

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

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**5825707048CC**

**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.  
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.**

**04/26/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT  
Name WEINREB, JANE MD  
Address 11301 WILSHIRE BLVD.  
STE. 111D  
City-State-Zip: LOS ANGELES CA 90073

Title PRESIDENT  
Name CHEUNG, DIANNE MD  
Address 3445 PACIFIC COAST HWY.  
City-State-Zip: TORRANCE CA 90505

Title VP  
Name YOUNG HAN, JENNIFER MD  
Address 3445 PACIFIC COAST HWY.  
SUITE 100  
City-State-Zip: TORRANCE CA 90505

Title SECRETARY  
Name MOSAFERI, TINA MD  
Address 11301 WILSHIRE BLV  
City-State-Zip: LOS ANGELES CA 90073

Title TREASURER  
Name SHEN-CHI WU, PATRICIA MD  
Address 3851 SHAW RIDGE ROAD  
City-State-Zip: SAN DIEGO CA 92130

*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: PATRICIA SHEN-CHI WU**

**TREASURER**

**04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date