1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700003955

Corporation Name

FIRST COAST ENDOCRINOLOGY FOUNDATION, INC.

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9506 MIAN				ROAD	

Mailing Address

9506 SOUTH RED ROAD MIAMI FL 33156

FILED Mar 05, 1999 8:00 am § Secretary of State

03-05-1999 90063 031 ****61.25



2. Principal P	rincipal Place of Business		2a. Mailing Address				3. Date Incorporated or Qualifed 07/10/1997						
21		26										-4-4-5	
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number 65-06727.19				<u> </u>	plied For	
22		27	. حب حب مرین ب		-		03.001.21	-13				t Applicable	
City & State		City & State			5. Certifcate of	f Status De:	sired		\$8.75 A				
Zip	Country					intry 6. Election Campaign Financing				П	\$5.00 May Be		
24	25	29	3	0			Trust Fund	Contribution	<u></u>	<u> </u>	Added t	o Fees	
	9. Name and Address of Current	Regist	tered Agent				10. Name and	Address of	New Re	gistered .	Agent		
				81	١	Name							
OECTEDIE DOLIGIAC					Street Address (P.O. Box Number is Not Acceptable)								
OESTERIE, DOUGLAS 9506 SOUTH RED ROAD				82	"	Sileet Addres	(Address (F.O. Dox Nulliper is Not Acceptable)						
				83	1								
miami fl	33156									,	···		
				84	٩	City	-	* *,		FL	85 Zip (Code	
11 Durayant	to the provisions of Sections 617.0502	and 6	17 1508 Florida Statutes	the above	e-na	amed corpora	ation submits this	s statement	for the pr	urpose of	changing its	registered	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	if Florid	la. Such change was auti	norized by	me	corporation'	's board of direct	ors. I hereb	y accept	the appoi	ntment as re	gistered	
SIGNATURE									_		·	}	
_	Signature, typed or printed name of registered agent				nt sig	gnature required w	when reinstating) ADDITIONS/	CHANCE	TO OFFI	DATE CEDE AN	IN NIDECTO	DS IN 12	
12.	OFFICERS AND	DIRE		13.			ADDITIONS/	CHANGES	TO OFFI	CERS AN	Change	Addition	
TITLE	PD		☐ DELETE	1.1 TITLE			•	٠.			Change		
NAME	OESTERIE, ROBERT ANDREW M	AD .		1.2 NAME					N				
STREET ADDRESS	9506 SOUTH RED ROAD			1.3 STREE	TAD	DRES\$						ļ	
CITY-ST-ZIP	MIAMI FL 33156			1.4 CITY-S	T-ZI	IP						<u>-</u> -	
TITLE	VD		☐ DELETE	2.1 TITLE				•		,	☐ Change	☐ Addition	
NAME	WEAVER, RANDALL L			2.2 NAME								j	
STREET ADDRESS	9506 SOUTH RED ROAD			2.3 STREE	T AD	DRESS .					:		
CITY-ST-ZIP	MIAMI FL 33156			2. 4 CITY-5	ST-Z	gp			-1 -	,			
TITLE	STD		☐ DELETE	3.1 TITLE							Change	Addition \	
NAME	OSBORNE, KARIN			3.2 NAME		İ					•		
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	MIAMI FL 33156			3.4. CITY-5					٠,٠				
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	1			4. 2 NAME							•	ļ	
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CITY_57.7U	l			6.4 CITY-S	T-ZI	IP (

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

7,97

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