

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90978 035 ****61.25

DOCUMENT # N97000003955

Entity Name
FIRST COAST ENDOCRINOLOGY FOUNDATION, INC.

Principal Place of Business Mailing Address
9506 SOUTH RED ROAD 9506 SOUTH RED ROAD
MIAMI FL 33156 MIAMI FL 33156-2138

101099



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0672719		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		65-0672719		8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OESTERIE, DOUGLAS
9506 SOUTH RED ROAD
MIAMI FL 33156

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OESTERIE, ROBERT ANDREW MD 9506 SOUTH RED ROAD MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEAVER, RANDALL L 9506 SOUTH RED ROAD MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OSBORNE, KARIN 9506 SOUTH RED ROAD MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Douglas Oesterie

4-15-00 **6652155**

CR2E037 (9/99)