

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000103303

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** CHILDRENS ENDOCRINE & DIABETES CARE, INC.

**Current Principal Place of Business:**

10111 FOREST HILL BLVD.  
SUITE 251  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

10111 FOREST HILL BLVD.  
SUITE 251  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 26-3428072      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAMIAN, MIDDEY MD  
10111 FOREST HILL BLVD.  
SUITE 251  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DAMIAN, MIDDEY MD  
Address: 10111 FOREST HILL BLVD. #251  
City-St-Zip: WELLINGTON, FL 33414

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIDDEY DAMIAN

MD

01/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date