

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90057 012 ****61.25

DOCUMENT # N99000001354

1. Entity Name

THE ENDOCRINOLOGY CLUB OF MIAMI-DADE, INC.

Principal Place of Business

Mailing Address

**1110 BRICKELL AVENUE, SUITE 402
 MIAMI FL 33131**

**1110 BRICKELL AVENUE, SUITE 402
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0899286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, MARIANO J MD
 1110 BRICKELL AVENUE, SUITE 402
 MIAMI FL 33131**

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 ☐ Delete
 NAME **COB**
 STREET ADDRESS **GARCIA, MARIANO M.D.**
 CITY-ST-ZIP **1110 BRICKELL AVENUE, SUITE 402
 MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MOBD**
 STREET ADDRESS **PITA, JULIO**
 CITY-ST-ZIP **3659 SO. MIAMI AVE., SUITE 6008
 MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MOBD**
 STREET ADDRESS **COELHO, CARLOS**
 CITY-ST-ZIP **21110 BISCAYNE BLVD, STE. 205
 MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MOBD**
 STREET ADDRESS **COHEN, MARTIN**
 CITY-ST-ZIP **7800 S.W. 87TH AVE., STE. 130
 MIAMI FL 33136**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MOBD**
 STREET ADDRESS **MARKS, JENNIFER**
 CITY-ST-ZIP **P.O. BOX 016960 D-110
 MIAMI FL 33101**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

Mariano Garcia **Mariano Garcia** 3/5/02 305-577-8900

CR2E037 (9/01)