2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 10, 2005 8:00 am
Secretary of State
02-04-2005 90049 048 ****61.25

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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

66003940

01262005 No Chg-NP CR2E037 (10/03)

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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

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 1/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	GARCIA, MARIANO M.D.
STREET ADDRESS	1110 BRICKELL AVENUE, SUITE 402
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MOBD
NAME	PITA, JULIO
STREET ADDRESS	3659 SO. MIAMI AVE., SUITE 6008
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MOBD
NAME	COELHO, CARLOS
STREET ADDRESS	21110 BISCAYNE BLVD, STE. 205
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MOBD
NAME	COHEN, MARTIN
STREET ADDRESS	7800 S.W. 87TH AVE., STE. 130
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	MOBD
NAME	MARKS, JENNIFER
STREET ADDRESS	P.O. BOX 016960 D-110
CITY-ST-ZIP	MIAMI, FL 33101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #