2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90172 042 ****70.00

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

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
7800 SW 87th Avenue	7800 SW 87th Avenue
Suite, Apt. #, etc: 130	Suite, Apt. #, etc: 130
City & State: MIAMI, FL	City & State: Miami, FL
Zip: 33173 Country: Miami-Dade	Zip: 33173 Country: Miami-Dade

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: Martin S Cohen, MD Street Address (P.O. Box Number is Not Acceptable): 7800 SW 87th Avenue Ste 130 City: Miami. FL Zip Code: 33173

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 _____
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
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB GARCIA, MARIANO M.D. 1110 BRICKELL AVENUE, SUITE 402 MIAMI FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB Cohen, Martin, M.D. 7800 SW 87th Ave Ste. 130 Miami, FL. 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOBD PITA, JULIO 3659 SO. MIAMI AVE., SUITE 6008 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOBD COELHO, CARLOS 21110 BISCAYNE BLVD, STE. 205 MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOBD COHEN, MARTIN 7800 S.W. 87TH AVE., STE. 130 MIAMI FL 33136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOBD MARKS, JENNIFER P.O. BOX 016960 D-110 MIAMI FL 33101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Martin S. Cohen MD 4/26/06