

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001354

FILED
Jan 15, 2007
Secretary of State

Entity Name: THE ENDOCRINOLOGY CLUB OF MIAMI-DADE, INC.

Current Principal Place of Business:

7800 SW 87TH AVE
MIAMI, FL 33173

New Principal Place of Business:

7800 SW 87TH AVE
130
MIAMI, FL 33173

Current Mailing Address:

7800 SW 87TH AVE
SUITE 130
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-0899286 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COHEN, MARTIN S MD
7800 SW 87TH AVE
SUITE 130
MIAMI, FL 33173 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: COB () Delete
Name: COHEN, MARTIN MD
Address: 7800 SW 87TH AVE SUITE 130
City-St-Zip: MIAMI, FL 33173

Title: MOBD () Delete
Name: PITA, JULIO
Address: 3659 SO. MIAMI AVE., SUITE 6008
City-St-Zip: MIAMI, FL 33131

Title: MOBD () Delete
Name: COELHO, CARLOS
Address: 21110 BISCAYNE BLVD, STE. 205
City-St-Zip: MIAMI, FL 33176

Title: MOBD () Delete
Name: MARKS, JENNIFER
Address: P.O. BOX 016960 D-110
City-St-Zip: MIAMI, FL 33101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MOBD (X) Change () Addition
Name: SHUMAN, JOSEPH
Address: 7150 W 20 AVE, #114
City-St-Zip: HIALEAH, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN S. COHEN, M.D.

COB

01/15/2007

Electronic Signature of Signing Officer or Director

Date