

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001354

FILED  
Feb 10, 2009  
Secretary of State

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

## Current Principal Place of Business:

21097 NE 27TH COURT  
STE. 510  
AVENTURA, FL 33180

## New Principal Place of Business:

7800 SW 87TH. AVE.  
STE. 130  
MIAMI, FL 33173

## Current Mailing Address:

21097 NE 27TH COURT  
STE. 510  
AVENTURA, FL 33180

## New Mailing Address:

7800 SW 87TH. AVE.  
STE. 130  
MIAMI, FL 33173

FEI Number: 65-0899286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COETHO, CARLOS MD  
21097 NE 27TH COURT STE. 510  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

GRON, LISA DO  
7800 SW 87TH. AVE  
STE. 130  
MIAMI, FL 33172 US

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: LISA GRON, DO.

02/10/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: MOBD ( ) Delete  
Name: MARTIN, COHAN  
Address: 7800 SW 87TH AVE STE. 130  
City-St-Zip: MIAMI, FL 33173

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

Title: COB ( ) Delete  
Name: COELHO, CARLOS MD  
Address: 21097 FIVE 27TH COURT STE. 510  
City-St-Zip: AVENTURA, FL 33180

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

Title: MOBD ( ) Delete  
Name: AUGUSTIN, ANDREDE MD  
Address: 4302 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MOBD (X) Change ( ) Addition  
Name: COHEN, MARTIN MD.  
Address: 7800 SW 87TH AVE STE. 130  
City-St-Zip: MIAMI, FL 33173

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

Title: MOBD (X) Change ( ) Addition  
Name: COELHO, CARLOS MD  
Address: 21097 FIVE 27TH COURT STE. 510  
City-St-Zip: AVENTURA, FL 33180

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

Title: MOBD (X) Change ( ) Addition  
Name: ANDRADE, AGUSTIN MD  
Address: 4302 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: COB ( ) Change (X) Addition  
Name: GRON, LISA DO.  
Address: 7800 SW 87TH. AVE.  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify 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: LISA GRON, DO.

COB

02/10/2009

Electronic Signature of Signing Officer or Director

Date