

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001354

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0899286

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COHEN, MARTIN MD  
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:** MARTIN COHEN MD

01/16/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            MOBD  
Name            COHEN, MARTIN MD.  
Address        7800 SW 87TH AVE STE. 130  
City-State-Zip: MIAMI FL 33173  
  
Title            MOBD  
Name            COELHO, CARLOS MD  
Address        21097 FIVE 27TH COURT STE. 510  
City-State-Zip: AVENTURA FL 33180  
  
Title            MOBD  
Name            ANDRADE, AGUSTIN MD  
Address        4302 ALTON ROAD  
City-State-Zip: MIAMI BEACH FL 33140

Title            MOBD  
Name            SHUMAN, JOSEPH  
Address        7150 W 20 AVE, #114  
City-State-Zip: HIALEAH FL 33016  
  
Title            MOBD  
Name            MARKS, JENNIFER MD  
Address        P.O. BOX 016960 D-110  
City-State-Zip: MIAMI FL 33101

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARTIN S COHEN MD

**PRESIDENT**

01/16/2017

Electronic Signature of Signing Officer/Director Detail

Date