

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602738

1. Entity Name

DIABETES & ENDOCRINE CENTER OF ORLANDO, P.A.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90088 034 ***150.00

Principal Place of Business

Mailing Address

1200 E HILLCREST ST
SUITE 200
ORLANDO FL 32803
US

1200 E HILLCREST ST
SUITE 200
ORLANDO FL 32803-4737
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1348116

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

HALL, WILLIAM H
1200 E. HILLCREST ST.
ORLANDO FL 32803

Name Robert B. Constant M.D.

Street Address (P.O. Box Number is Not Acceptable)
1200 E Hillcrest Street Suite 200

City Orlando

FL

Zip Code 32803

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.

SIGNATURE

Robert B. Constant
Signature, typed or printed name of registered agent and title if applicable.

Robert B. Constant, M.D. - President
(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME HALL, WILLIAM H
STREET ADDRESS 1200 E HILLCREST ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P ☐ Delete
NAME CONSTANT, ROBERT B
STREET ADDRESS 1200 E HILLCREST ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S/T ☐ Delete
NAME HUHN, WENDY
STREET ADDRESS 1200 E HILLCREST ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert B. Constant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/00
(407) 894-3241
Daytime Phone #

CR2E034 (9/99)