2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPORT (AR)				FILED	
DOCUMENT # 602738  1. Eighty Name  DIABETES & ENDOCRINE CENTER OF ORLANDO, P.A.				Feb 28, 2005 08:00 Secretary of Spa	
DINDETE	o a endocrime och en	or one-indo, i.a.		JAN 1 9 7505	
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 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)	
City & State		City & State		EQ 12/0116	olied For Application
Zip	Country	Zip	Country	5. Certificate of Status Desired  Fee Regulred	lional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
CONSTANT, ROBERT MD 1200 E. HILLCREST ST. SUITE 200 ORLANDO FL 32803			Street Address  City	s (P.O. Box Number is Not Acceptable)	 
C The above	named antity submits this statement for	or the number of changing its	ragintared office or ragic	tered agent, or both, in the State of Florida. I am familiar with, a	nd accord
the obligat	named entity submits this statement it tions of registered agent.	or the purpose of changing its	registered office of regis	lered agent, or both, in the State of Florida. Tam lamiliar with, a	по ассері
SIGNATURE .	Signature Typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature requi	red when reinsighing) DATE	
	ILE NOW!!! FEE IS \$150.00			050	· ·
After	May 1, 2005 Fee Will Be \$550.00 Payable to Florida Department o				O May Be i to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	N 11
111116	V	☐ Delete	inte	☐ Change	Addition
NAME SIREFI ADDRESS CITY-ST ZIP	HALL, WILLIAM H 1200 E HILLCREST ST ORLANDO FL 32803		STREET ADDRESS CITY+ST-ZIP	02/28/05-80020-014 150.00	
TITLE	P	□ Delete	ODE .	☐ Change	Addition
HAME STREET ADDRESS GRY-ST-ZIP	CONSTANT, ROBERT B 1200 E HILLCREST ST ORLANDO FL 32803	Dalete	NAME STREET ADDRESS CITY-ST-ZIP	E OHALYS	Addition
TITLE NAME STREET ADDRESS LITY-ST-ZIP	S/T HUHN, WENDY 1200 E HILLCREST ST ORLANDO FL 32803	☐ Delete	NAME SIREET ADDRESS CITY-SI-ZIP	☐ Change	Addition
TITLE NAME SIRFFT ADDRESS GILY-ST-ZIP		☐ Delete	THEF NAME STREET ADURESS CHY-ST-ZIP	☐ Change	Addition
MILE NAME SIBEET ADDRESS CITY ST-ZIP	54 47 7	☐ Delete	TITIF NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
HITLE NAME SIRLEI ADDRESS 1207-ST 20P		☐ Dølete	THE TABLE CHEST ADDRESS CHEST ADDRESS	☐ Change	Addition
12. Thereby of indicated of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	this filing does not qualify for strue and accurate and that mowered to execute this report with all other like empowered	the exemption stated in S ny signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the info e same legal effect as if made under oath; that I am an officer o 07, Florida Statutes, and that my name appears in Block 10 or E	ormation r director Block 11 if