

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED
AND
04-20-2006 90206 032 ***150.00
602738

06 MAY 3 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602738

1. Entity Name

DIABETES & ENDOCRINE CENTER OF ORLANDO, P.A.



Principal Place of Business

1200 E HILLCREST ST
SUITE 200
ORLANDO FL 32803
US

Mailing Address

1200 E HILLCREST ST
SUITE 200
ORLANDO FL 32803
US

2. Principal Place of Business

3113 Lawton Rd.

3. Mailing Address

3113 Lawton Rd.

Suite Apt. #, etc.

100

Suite Apt. #, etc.

100

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

CONSTANT, ROBERT MD
1200 E. HILLCREST ST.
SUITE 200
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when replacing)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, WILLIAM H	
STREET ADDRESS	1200 E HILLCREST ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONSTANT, ROBERT B	
STREET ADDRESS	1200 E HILLCREST ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	HUHN, WENDY	
STREET ADDRESS	1200 E HILLCREST ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3113 Lawton Rd. Suite 100	
CITY-ST-ZIP	Orlando FL 32803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3113 Lawton Rd. Suite 100	
CITY-ST-ZIP	Orlando FL 32803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	Orlando FL 32803	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Constant

-Robert Constant MD

4/11/06 (407) 894-3241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Telephone # 513400