


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # 602738 | |  |
| 1. Entity Name DIABETES & ENDOCRINE CENTER OF ORLANDO, P.A. | | |
| Principal Place of Business 3113 LAWTON RD SUITE 100 ORLANDO, FL 32803 US | Mailing Address 3113 LAWTON RD SUITE 100 ORLANDO, FL 32803 US | |



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-1348116 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent CONSTANT, ROBERT MD 3113 LAWTON RD SUITE 100 ORLANDO, FL 32803 | DO NOT WRITE IN THIS SPACE |
|--|---------------------------------------|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000793837 01/25/08-80025-017 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HALL, WILLIAM H 3113 LAWTON RD ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CONSTANT, ROBERT B 3113 LAWTON RD ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T HUHN, WENDY 3113 LAWTON RD ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, M.D. **1/18/08 (407) 894-3241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #