


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90190 013 ***150.00

DOCUMENT # G80945

1. Entity Name
AVENTURA ENDOCRINE ASSOCIATES, P.A.



Principal Place of Business Mailing Address

~~21110 BISCAYNE BLVD~~
~~203-~~
~~NORTH MIAMI BEACH FL 33180~~

~~21110 BISCAYNE BLVD~~
~~203-~~
~~NORTH MIAMI BEACH FL 33180~~

2. Principal Place of Business 3. Mailing Address

20450 West Dixie Highway **201 S. Biscayne Blvd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite #2000

City & State City & State

Aventura, Florida **Miami, Florida**

Zip Country Zip Country

33180 **USA** **33131** **USA**



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For

59-2353380 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, HOWARD W
100 SE 2ND STREET, 17TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Marc H. Auerbach, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd.

Suite 2000

City **Miami** **FL** Zip Code **33131**

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 _____ DATE **4/26/05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEVY, ELLIOTT	
STREET ADDRESS	21110 BISCAYNE BLVD #203	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHAPIRO, TIMOTHY	
STREET ADDRESS	21110 BISCAYNE BLVD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THALER, LEONARD M	
STREET ADDRESS	21110 BISCAYNE BLVD #203	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20450 W. Dixie Highway	
CITY-ST-ZIP	Aventura, Florida 33180	
TITLE	President/ Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	20450 W. Dixie Highway	
CITY-ST-ZIP	Aventura, Florida 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Leonard Thaler** 4-26-05 305-937-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #