

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G80945

FILED  
Feb 18, 2008  
Secretary of State

Entity Name: AVENTURA ENDOCRINE ASSOCIATES, P.A.

## Current Principal Place of Business:

21097 NE 27 COURT  
SUITE 300  
AVENTURA, FL 33180

## New Principal Place of Business:

## Current Mailing Address:

201 S. BISCAYNE BLVD  
SUITE 2000  
MIAMI, FL 33131

## New Mailing Address:

200 S. BISCAYNE BLVD  
SUITE 3900  
MIAMI, FL 33131

FEI Number: 59-2353380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AUERBACH, ESQ., MARC H.  
201 S. BISCAYNE BLVD.  
SUITE 2000  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

AUERBACH, ESQ., MARC H.  
200 S. BISCAYNE BLVD.  
SUITE 3900  
MIAMI, FL 33131 US

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:

02/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHAPIRO, ELTON T  
Address: 21097 NE 27 COURT, SUITE 300  
City-St-Zip: AVENTURA, FL 33180

Title: VP ( ) Delete  
Name: THALER, LEONARD M  
Address: 21097 NE 27 COURT, SUITE 300  
City-St-Zip: AVENTURA, FL 33180

Title: SEC ( ) Delete  
Name: THALER, LEONARD M  
Address: 21097 NE 27 COURT, SUITE 300  
City-St-Zip: AVENTURA, FL 33180

Title: TR ( ) Delete  
Name: SHAPIRO, ELTON T  
Address: 21097 NE 27 COURT, SUITE 300  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD THALER

VP

02/18/2008

Electronic Signature of Signing Officer or Director

Date