

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 JUL 10 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001533794
-07/10/95--01031--001
***9225.00 ***225.00

DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J20850** (0)

1. Corporation Name
ENDOCRINOLOGY, INC.

Principal Place of Business Mailing Address

C/O FLORIDA REGISTERED AGENTS, INC. **C/O FLORIDA REGISTERED AGENTS, INC.**
100 SE 2ND ST - 13000 **100 SE 2ND ST - 13000**
MIAMI FL 33131 **MIAMI FL 33131**
US **US**

3. Date Incorporated or Qualified **06/23/1986** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-2692236** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **2601 S. Bayshore Dr.** 26 **2601 S. Bayshore Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite 1600** 27 **Suite 1600**
City & State City & State

23 **Miami, Florida** 28 **Miami, FL**
Zip Country Zip Country

24 **33133** 25 **U.S.** 29 **33133** 30 **U.S.**

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND ST - 13000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name **A Z Registered Agent Corporation**

82 Street Address (P.O. Box Number is Not Acceptable) **2601 S. Bayshore Drive**

83 **Suite 1600**

84 City **Miami** 85 Zip Code **FL 33133**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a **REGISTERED AGENT CORPORATION**.

SIGNATURE **By: Justin T. Wilson** DATE _____
Justin T. Wilson, Secretary (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------------------|
| TITLE | DP |
| NAME | SHUMAN, JOSEPH M.D. |
| STREET ADDRESS | 7150 W. 20TH AVE (STE 114) |
| CITY - ST - ZIP | HIALEAH FL 33016 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **J. Shuman** **JTW**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE