

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # J20850
 1. Entity Name
ENDOCRINOLOGY, INC.



Principal Place of Business
**7150 WEST 20TH AVENUE
 SUITE 114
 HIALEAH FL 33016
 US**

Mailing Address
**7150 WEST 20TH AVENUE
 SUITE 114
 HIALEAH FL 33016
 US**

2. Principal Place of Business
 Suite, Apt. #, etc
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt #, etc.
 City & State
 Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
**SHUMAN, JOSEPH
 7150 W. 20TH AVE.
 STE. 114
 HIALEAH FL 33016**

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

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

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 _____ DATE _____
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, 2004 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 NAME STREET ADDRESS CITY - ST - ZIP	DPST SHUMAN, JOSEPH M.D. 7150 W. 20TH AVE (STE 114) HIALEAH FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
U00000136861 04/29/04-80019-003 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Shuman* **JOSEPH SHUMAN, M.D.** **1/26/04** **(305) 821-6368**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #