

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2001 8:00 am**  
**Secretary of State**

08-24-2001 90006 035 \*\*\*550.00

00125c AV

**DOCUMENT # M94482**

**1. Entity Name**  
**ENDOCRINE ASSOCIATES OF FLORIDA, P.A.**

**Principal Place of Business**  
**100 W GORE STE. 300**  
**ORLANDO FL 32806**

**Mailing Address**  
**100 W GORE STE. 300**  
**ORLANDO FL 32806**

**2. Principal Place of Business**  
**100 West Gore Street**  
 Suite, Apt. #, etc.  
**Suite 300**

**3. Mailing Address**  
**100 West Gore Street**  
 Suite, Apt. #, etc.  
**Suite 300**

**City & State**  
**Orlando, FL**

**City & State**  
**Orlando, FL**

**4. FEI Number** **59-2905300**

Applied For  
 Not Applicable

**Zip**  
**32806-1041**

**Country**

**Zip**  
**32806-1041**

**Country**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**C0075667**



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ROBERTS, VICTOR L.**  
**100 W GORE ST STE. 300**  
**ORLANDO FL 32806**

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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROBERTS, VICTOR L.	
STREET ADDRESS	100 WEST GORE STREET SUITE 300	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MANDRY, JOSE M MD	
STREET ADDRESS	100 WEST GORE STREET SUITE 300	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/20/01* *907-6482484*  
 Date Daytime Phone #

CR2E034 (5/01)