
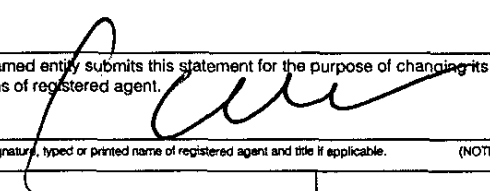
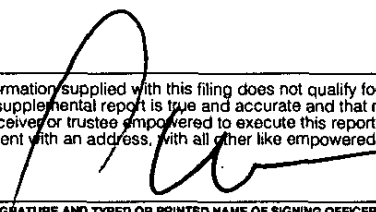


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90045 043 ***150.00

DOCUMENT # M94482				
1. Entity Name ENDOCRINE ASSOCIATES OF FLORIDA, P.A.				
Principal Place of Business 100 W GORE STREET SUITE 300 ORLANDO, FL 32806-1041		Mailing Address 100 W GORE STREET SUITE 300 ORLANDO, FL 32806-1041		
2. Principal Place of Business 1561 West Fairbanks Avenue Suite, Apt. #, etc. Suite 200 City & State Winter Park, FL Zip 32789-4678		3. Mailing Address 1561 West Fairbanks Avenue Suite, Apt. #, etc. Suite 200 City & State Winter Park, FL Zip 32789-4678		
Country USA		Country USA		
4. FEI Number 59-2905300		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROBERTS, VICTOR L. 100 W GORE STREET SUITE 300 ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1561 West Fairbanks Avenue, Suite 200 City Winter Park FL Zip Code 32789-4678		
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 3/17/04		
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		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, VICTOR L. 100 WEST GORE STREET SUITE 300 ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Roberts, M.D., Victor L. 1561 West Fairbanks Avenue, Suite 200 Winter Park, FL 32789-4678 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANDRY, JOSE M MD 100 WEST GORE STREET SUITE 300 ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Mandry, M.D., Jose M. 1561 West Fairbanks Avenue, Suite 200 Winter Park, FL 32789-4678 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		DATE 3/17/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		

94033208



02112004 Chg-P CR2E034 (10/03)