

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M94482**

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



Principal Place of Business  
**1561 WEST FAIRBANKS AVENUE  
SUITE 200  
WINTER PARK, FL 32789-4678**

Mailing Address  
**1561 WEST FAIRBANKS AVENUE  
SUITE 200  
WINTER PARK, FL 32789-4678**



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2905300**

Applied For  
Not Applicable

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

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

**ROBERTS, VICTOR L.  
1561 WEST FAIRBANKS AVENUE, STE 200  
WINTER PARK, FL 32789-4678**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	ROBERTS, VICTOR L.
STREET ADDRESS	1561 WEST FAIRBANKS AVENUE, STE 200
CITY-ST-ZIP	WINTER PARK, FL 327894678
TITLE	STD
NAME	MANDRY, JOSE M MD
STREET ADDRESS	1561 WEST FAIRBANKS AVENUE, STE 200
CITY-ST-ZIP	WINTER PARK, FL 327894678
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000332897  
04/26/05-80075-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/05 (407) 331-1117**  
Date Daytime Phone #