

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 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**



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2905300	Applied For Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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	DP ROBERTS, VICTOR L. 1561 WEST FAIRBANKS AVENUE, STE 200 WINTER PARK, FL 327894678
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANDRY, JOSE M MD 1561 WEST FAIRBANKS AVENUE, STE 200 WINTER PARK, FL 327894678
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 05/20/06-80108-020 150.00

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 407-331-1117
Date Daytime Phone #