

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M94482

FILED  
Apr 22, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1561 WEST FAIRBANKS AVENUE  
SUITE 200  
WINTER PARK, FL 327894678

**New Principal Place of Business:**

**Current Mailing Address:**

1561 WEST FAIRBANKS AVENUE  
SUITE 200  
WINTER PARK, FL 327894678

**New Mailing Address:**

FEI Number: 59-2905300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERTS, VICTOR L.  
1561 WEST FAIRBANKS AVENUE, STE 200  
WINTER PARK, FL 327894678 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: ROBERTS, VICTOR L.  
Address: 1561 WEST FAIRBANKS AVENUE, STE 200  
City-St-Zip: WINTER PARK, FL 327894678

Title: SD  
Name: MANDRY, JOSE M MD  
Address: 1561 WEST FAIRBANKS AVENUE, STE 200  
City-St-Zip: WINTER PARK, FL 327894678

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VICTOR ROBERTS

PTD

04/22/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date