

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M94482

**FILED**  
**Apr 21, 2011**  
**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:**

766 NORTH SUN DRIVE, SUITE 2060  
LAKE MARY, FL 32746

**Current Mailing Address:**

1561 WEST FAIRBANKS AVENUE  
SUITE 200  
WINTER PARK, FL 327894678

**New Mailing Address:**

766 NORTH SUN DRIVE, SUITE 2060  
LAKE MARY, FL 32746

**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:**

ROBERTS, VICTOR L.  
766 NORTH SUN DRIVE, SUITE 2060  
LAKE MARY, FL 32746 US

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

04/21/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: ROBERTS, VICTOR L  
Address: 766 NORTH SUN DRIVE, SUITE 2060  
City-St-Zip: LAKE MARY, FL 32746

Title: S  
Name: MANDRY, JOSE M  
Address: 1530 CITRUS MEDICAL COURT, SUITE 103  
City-St-Zip: GOTHA, FL 34734

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 L. ROBERTS

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

PT

04/21/2011

\_\_\_\_\_  
Date