

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M94482

FILED  
Apr 19, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

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

**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: OCOEE, 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

P

04/19/2012

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

\_\_\_\_\_ Date