

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

0100124  
AV

**DOCUMENT # M94482**  
1. Entity Name  
**ENDOCRINE ASSOCIATES OF FLORIDA, P.A.**



03-20-2003 90162 001 \*\*\*150.00

Principal Place of Business  
**100 W GORE STREET  
SUITE 300  
ORLANDO FL 32806-1041**

Mailing Address  
**100 W GORE STREET  
SUITE 300  
ORLANDO FL 32806-1041**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite/Apt-#: etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2905300**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTS, VICTOR L.  
100 W GORE STREET  
SUITE 300  
ORLANDO FL 32806**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees  
Trust Fund Contribution

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, VICTOR L.</b>	
STREET ADDRESS	<b>100 WEST GORE STREET SUITE 300</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>MANDRY, JOSE M MD</b>	
STREET ADDRESS	<b>100 WEST GORE STREET SUITE 300</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/03 407-648-2484**  
Date Daytime Phone #

CR2E034 (10/02)