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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90084 018 \*\*\*\*70.00

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1. Corporation Name

THE FLORIDA ENDOCRINE SOCIETY, INC.

Principal Place of Business

Mailing Address

4369 TAMiami TRAIL  
CHARLOTTE HARBOR FL 33980

4369 TAMiami TRAIL  
CHARLOTTE HARBOR FL 33980



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

05/20/1997

4. FEI Number

65-0237585

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANICK, JOHN J  
4369 TAMiami TRAIL  
CHARLOTTE HARBOR FL 33980

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME JANICK, JOHN J  
STREET ADDRESS 4369 TAMiami TRAIL  
CITY-ST-ZIP CHARLOTTE HARBOR FL 33980

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME ROBERTS, VICTOR L  
STREET ADDRESS 100 W GORE ST, SUITE 300  
CITY-ST-ZIP ORLANDO FL 32806

1.2 NAME ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME CROCKETT, SAMUEL E  
STREET ADDRESS 2520 N ORANGE AVE  
CITY-ST-ZIP ORLANDO FL 32804

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME NYMAN, OSA M.D.  
STREET ADDRESS 175 TONY PENNA DRIVE #202  
CITY-ST-ZIP JUPITER FL 32458

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (1/1/98)