

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002877

1. Entity Name

THE FLORIDA ENDOCRINE SOCIETY, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90201 004 \*\*\*\*70.00

Principal Place of Business

4369 TAMiami TRAIL  
 CHARLOTTE HARBOR FL 33980

Mailing Address

4369 TAMiami TRAIL  
 CHARLOTTE HARBOR FL 33980-2118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste. 100

City & State

Zip

Country

Suite, Apt. #, etc.

Ste. 100

City & State

Zip

Country

4. FEI Number

65-0237585

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

JANICK, JOHN J  
 4369 TAMiami TRAIL  
 CHARLOTTE HARBOR FL 33980

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
 NAME Louis Chaykin, M.D.  
 STREET ADDRESS 2110 Biscayne Blvd. #205  
 CITY-ST-ZIP Aventura, FL 33180

TITLE STD ☒ Change ☐ Addition  
 NAME Amid Habib, M.D.  
 STREET ADDRESS 789 Douglas Ave. #137  
 CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE ☐ Change ☐ 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 617, 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

3/28/00 941-629-3366

Date

Daytime Phone #