2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002877

Entity Name: THE FLORIDA ENDOCRINE SOCIETY, INC.

FILED Feb 13, 2002 8:00 AM Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
4369 TAMIA STE 100 CHARLOT	AMI TRAIL TE HARBOR, FL 33980			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
4369 TAMI STE 100 CHARLOT	AMI TRAIL TE HARBOR, FL 33980			
FEI Number:	65-0237585 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
JANICK, JOHN J 4369 TAMIAMI TRAIL CHARLOTTE HARBOR, FL 33980 US		JANICK, JOHN J 4369 TAMIAMI TRAIL SUITE 100 CHARLOTTE HARBO	4369 TAMIAMI TRAIL	
The above in the State	named entity submits this statement for the purp of Florida.	oose of changing its registered	d office or registered agent, or both,	
SIGNATURE:			02/13/2002	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete JANICK, JOHN J 4369 TAMIAMI TRAIL CHARLOTTE HARBOR, FL 33980	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete ROBERTS, VICTOR L 100 W GORE ST, SUITE 300 ORLANDO, FL 32806	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete CONSTANT, ROBERT 1200 E HILLCREST ORLANDO, FL 32803	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete CHAYKIN, LOUIS 21110 BISCAYNE BLVD #205 AVENTURA, FL 33180	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HABIBI, AMID 789 DOUGLAS AVE #137 ALTAMONTE SPRINGS, FL 32714	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () Delete PACHELO, CARLOS A 635 N MAITLAND MAITLAND, FL 32751	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. JANICK PD 02/13/2002

MARCIA RILEY-WALLACE, MD 4369 TAMIAMI TRAIL SUITE 100 CHARLOTTE HARBOR, FL 33980

PENNY GLICKMAN, DST 635 N. MAITLAND MAITLAND, FL 32751