

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90146 001 \*\*\*122.50

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07012004 Chg-NP CR2E037 (10/03)

|   |                             |   |  |   |  |
|---|-----------------------------|---|--|---|--|
| <b>DOCUMENT # N97000002877</b><br>1. Entity Name<br><b>THE FLORIDA ENDOCRINE SOCIETY, INC.</b>  |                             |   |  |   |  |
| Principal Place of Business<br><b>4369 TAMiami TRAIL<br/>STE 100<br/>CHARLOTTE HARBOR, FL 33980</b>   |                             |   | Mailing Address<br><b>4369 TAMiami TRAIL<br/>STE 100<br/>CHARLOTTE HARBOR, FL 33980</b>  |   |  |
| 2. Principal Place of Business  |                             | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                             | Suite, Apt. #, etc.   |  |   |  |
| City & State  |                             | City & State  |  |   |  |
| Zip   | Country                     | Zip   | Country  | 4. FEI Number<br><b>65-0237585</b>  |  |
|   |                             |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|   |                             |   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JANICK, JOHN J<br/>4369 TAMiami TRAIL<br/>SUITE 100<br/>CHARLOTTE HARBOR, FL 33980</b>  |                             |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>6/30/04</b>   |                             |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b>   |                             | 9. Election Campaign Financing<br><input type="checkbox"/> Trust Fund Contribution. |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |                             |   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                             |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE   | PD                          | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | JANICK, JOHN J              |   | NAME   |   |  |
| STREET ADDRESS  | 4369 TAMiami TRAIL          |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | CHARLOTTE HARBOR, FL 33980  |   | CITY-ST-ZIP  |   |  |
| TITLE   | VD                          | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | ROBERTS, VICTOR L           |   | NAME   |   |  |
| STREET ADDRESS  | 100 W GORE ST, SUITE 300    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | ORLANDO, FL 32806           |   | CITY-ST-ZIP  |   |  |
| TITLE   | VD                          | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | CONSTANT, ROBERT            |   | NAME   |   |  |
| STREET ADDRESS  | 1200 E HILLCREST            |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | ORLANDO, FL 32803           |   | CITY-ST-ZIP  |   |  |
| TITLE   | V                           | <input checked="" type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | CHAYKIN, LOUIS              |   | NAME   |   |  |
| STREET ADDRESS  | 21110 BISCAYNE BLVD #205    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | AVENTURA, FL 33180          |   | CITY-ST-ZIP  |   |  |
| TITLE   | D                           | <input checked="" type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | HABIBI, AMID                |   | NAME   |   |  |
| STREET ADDRESS  | 789 DOUGLAS AVE #137        |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | ALTAMONTE SPRINGS, FL 32714 |   | CITY-ST-ZIP  |   |  |
| TITLE   | DST                         | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                    |  |
| NAME  | PACHELO, CARLOS A           |   | NAME   | <i>TICKMAN, Penny MD</i>  |  |
| STREET ADDRESS  | 635 N MAITLAND              |   | STREET ADDRESS   | <i>635 Maitland</i>   |  |
| CITY-ST-ZIP   | MAITLAND, FL 32751          |   | CITY-ST-ZIP  | <i>Maitland, FL 32751</i>   |  |
| 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: <i>[Signature]</i> <b>6/30/04</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                             |   |  |   |  |