

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/4/00-90052-033-\$61.25-\$61.25

**DOCUMENT # N99000001354**

1. Entry Name

**THE ENDOCRINOLOGY CLUB OF MIAMI-DADE, INC.**

Principal Place of Business

Mailing Address

1110 BRICKELL AVENUE, SUITE 402  
MIAMI FL 33131

1110 BRICKELL AVENUE, SUITE 402  
MIAMI FL 33131-3135

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

65-0899286

Applied For

Not Applicable

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

**GARCIA, MARIANO J MD**  
1110 BRICKELL AVENUE, SUITE 402  
MIAMI FL 33131

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman of the Board <input type="checkbox"/> Delete
NAME	Mariano J. Garcia, M.D.
STREET ADDRESS	1110 Brickell Ave., Suite 402
CITY-ST-ZIP	Miami, Fl. 33131
TITLE	Member of the Board <input type="checkbox"/> Delete
NAME	Julio Pita, M.D.
STREET ADDRESS	3659 So. Miami Ave., Suite 6008
CITY-ST-ZIP	Miami, Fl. 33131
TITLE	Member of the Board <input type="checkbox"/> Delete
NAME	Carlos Coêlho, M.D.
STREET ADDRESS	21110 Biscayne Bulevard, Ste 205
CITY-ST-ZIP	Miami, Fl. 33176
TITLE	Member of the Board <input type="checkbox"/> Delete
NAME	Martin Cohen, M.D.
STREET ADDRESS	7800 S.W. 87th Ave. Ste. 130
CITY-ST-ZIP	Miami, Fl. 33136
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>sk</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Director</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Director</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Director</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: \_\_\_\_\_

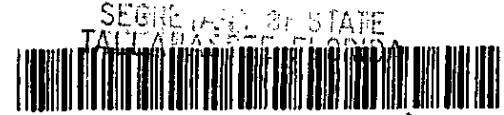
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

00 MAR 20 AM 9:19



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

**TS**

2-24-00