


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001354

1. Entity Name
THE ENDOCRINOLOGY CLUB OF MIAMI-DADE, INC.



Principal Place of Business
 1110 BRICKELL AVENUE, SUITE 402
 MIAMI, FL 33131

Mailing Address
 1110 BRICKELL AVENUE, SUITE 402
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



01182004 No Chg-NP CR2E037 (10/03)

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

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000023945
 02/02/04-80046-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB GARCIA, MARIANO M.D. 1110 BRICKELL AVENUE, SUITE 402 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOBD PITA, JULIO 3659 SO. MIAMI AVE., SUITE 6008 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOBD COELHO, CARLOS 21110 BISCAYNE BLVD, STE. 205 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOBD COHEN, MARTIN 7800 S.W. 87TH AVE., STE. 130 MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOBD MARKS, JENNIFER P.O. BOX 016960 D-110 MIAMI, FL 33101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mariano Garcia* 02/02/04 305-579-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #