

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

02-04-2005 90049 048 ****61.25

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**

66003940



01262005 No Chg-NP CR2E037 (10/03)

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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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IN THIS SPACE**

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 *Mariano Garcia* DATE 1/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	COB GARCIA, MARIANO M.D. 1110 BRICKELL AVENUE, SUITE 402 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MOBO PITA, JULIO 3659 SO. MIAMI AVE., SUITE 6008 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MOBO COELHO, CARLOS 21110 BISCAYNE BLVD, STE. 205 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MOBO COHEN, MARTIN 7800 S.W. 87TH AVE., STE. 130 MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MOBO MARKS, JENNIFER P.O. BOX 016960 D-110 MIAMI, FL 33101
TITLE NAME STREET ADDRESS CITY-STATE-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)(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: *Mariano Garcia* DATE 3/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR