

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90172 042 ****70.00

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
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2. Principal Place of Business 7800 SW 87th Avenue Suite, Apt. #, etc. 130	3. Mailing Address 7800 SW 87th Avenue Suite, Apt. #, etc. 130
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1st MOORE CR2E037 (10/05)

City & State MIAMI, FL	City & State Miami, FL	4. FEI Number 65-0899286	Applied For Not Applicable
Zip 33173	Country Miami-Dade	Zip 33173	Country Miami-Dade

5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, MARIANO J MD 1110 BRICKELL AVENUE, SUITE 402 MIAMI FL 33131
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7. Name and Address of New Registered Agent Name Martin S Cohen, MD Street Address (P.O. Box Number is Not Acceptable) 7800 SW 87th Avenue Ste 130 City Miami, FL Zip Code 33173
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB GARCIA, MARIANO M.D. 1110 BRICKELL AVENUE, SUITE 402 MIAMI FL 33131 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MOBD PITA, JULIO 3659 SO. MIAMI AVE., SUITE 6008 MIAMI FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MOBD COELHO, CARLOS 21110 BISCAYNE BLVD, STE. 205 MIAMI FL 33176 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MOBD COHEN, MARTIN 7800 S.W. 87TH AVE., STE. 130 MIAMI FL 33136 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MOBD MARKS, JENNIFER P.O. BOX 016960 D-110 MIAMI FL 33101 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB Cohen, Martin, MD. 7800 SW 87th Ave Ste 130 Miami, FL 33173 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Martin S. Cohen MD 4/24/06