2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State
05-23-2008 90017 004 ****70.00

DOCUMENT # N99000001354

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

Principal Place of Business	Mailing Address
7800 SW 87TH AVE 130 MIAMI, FL 33173	7800 SW 87TH AVE SUITE 130 MIAMI, FL 33173

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04162008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
21097 NE 27th Court	21097 NE 27th Court
Suite, Apt. #, etc.: Suite 510	Suite, Apt. #, etc.: Suite 510
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country:	Zip: 33180 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
COHEN, MARTIN S MD 7800 SW 87TH AVE SUITE 130 MIAMI, FL 33173	Name: Carlos E Coelho MD Street Address (P.O. Box Number is Not Acceptable): 21097 NE 27th Court Suite 510 City: Aventura FL Zip Code: 33180

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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB COHEN, MARTIN MD 7800 SW 87TH AVE SUITE 130 MIAMI, FL 33173	☐ Delete	MOBD Cohen, Martin MD 7800 SW 87th Ave Suite 130 Miami, FL 33173	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOBD SHUMAN, JOSEPH 7150 W 20 AVE, #114 HIALEAH, FL 33018	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOBD COELHO, CARLOS 21110 BISCAYNE BLVD, STE. 205 MIAMI, FL 33176	☐ Delete	COB Coelho, Carlos MD 21097 NE 27th Court Suite 510 Aventura, FL 33180	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOBD MARKS, JENNIFER P.O. BOX 016960 D-110 MIAMI, FL 33101	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MOBD Andrade, Agustin MD 4302 Alton Road Miami Beach, FL 33140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 4-21-08 397 932663
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #