2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N99000001354

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

Current Principal Place of Business:

21097 NE 27TH COURT
STE. 510
AVENTURA, FL 33180

New Principal Place of Business:

7800 SW 87TH. AVE.
STE. 130
MIAMI, FL 33173

Current Mailing Address:

21097 NE 27TH COURT
STE. 510
AVENTURA, FL 33180

New Mailing Address:

7800 SW 87TH. AVE.
STE. 130
MIAMI, FL 33173

FEI Number: 65-0899286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COETHO, CARLOS MD
21097 NE 27TH COURT STE. 510
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

GRON, LISA DO
7800 SW 87TH. AVE
STE. 130
MIAMI, FL 33172 US

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: LISA GRON, DO. 02/10/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: MOBD ( ) Delete
Name: MARTIN, COHAN
Address: 7800 SW 87TH AVE STE. 130
City-St-Zip: MIAMI, FL 33173

Title: MOBD ( ) Delete
Name: SHUMAN, JOSEPH
Address: 7150 W 20 AVE, #114
City-St-Zip: HIALEAH, FL 33016

Title: COB ( ) Delete
Name: COELHO, CARLOS MD
Address: 21097 FIVE 27TH COURT STE. 510
City-St-Zip: AVENTURA, FL 33180

Title: MOBD ( ) Delete
Name: MARKS, JENNIFER
Address: P.O. BOX 016960 D-110
City-St-Zip: MIAMI, FL 33101

Title: MOBD ( ) Delete
Name: AUGUSTIN, ANDREDE MD
Address: 4302 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MOBD (X) Change ( ) Addition
Name: COHEN, MARTIN MD.
Address: 7800 SW 87TH AVE STE. 130
City-St-Zip: MIAMI, FL 33173

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MOBD (X) Change ( ) Addition
Name: COELHO, CARLOS MD
Address: 21097 FIVE 27TH COURT STE. 510
City-St-Zip: AVENTURA, FL 33180

Title: MOBD (X) Change ( ) Addition
Name: MARKS, JENNIFER MD
Address: P.O. BOX 016960 D-110
City-St-Zip: MIAMI, FL 33101

Title: MOBD (X) Change ( ) Addition
Name: ANDRADE, AGUSTIN MD
Address: 4302 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: COB ( ) Change (X) Addition
Name: GRON, LISA DO.
Address: 7800 SW 87TH. AVE.
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA GRON, DO. COB 02/10/2009
Electronic Signature of Signing Officer or Director — Date