2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# P01000087015

Entity Name: ENDOCRINE MEDICAL SERVICES, P.A.

Current Principal Place of Business:

11402 NW 41 STREET
SUITE 217
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

11402 NW 41 STREET
217
MIAMI, FL 33178

New Mailing Address:

FEI Number: 65-1135832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, DAVID L DR.
16379 SW 54 COURT
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: LOPEZ, DAVID L M.D.
Address: 16379 SW 54TH COURT
City-St-Zip: MIRAMAR, FL 33178 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: LOPEZ, DAVID L PRESIDE
Address: 16379 SW 54TH COURT
City-St-Zip: MIRAMAR, FL 33178 US

Title: MS ( ) Change (X) Addition
Name: GONZALEZ, LISSETTE R TREASUR
Address: 16379 SW 54TH COURT
City-St-Zip: MIRAMAR, FL 33178

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. LOPEZ PRES 02/04/2009

Electronic Signature of Signing Officer or Director Date