

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087015

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** ENDOCRINE MEDICAL SERVICES, P.A.

**Current Principal Place of Business:**

3650 NW 82ND AVE  
SUITE 406  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

3650 NW 82ND AVE  
SUITE 406  
MIAMI, FL 33166

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID LOPEZ

DR

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date