

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076570

FILED
Apr 27, 2011
Secretary of State

Entity Name: OSCEOLA ENDOCRINE CONSULTANTS INC.

Current Principal Place of Business:

720 WEST OAK STREET
SUITE 250
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

720 WEST OAK STREET
SUITE 250
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 43-2026273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, ALBERTO A M.D.
720 WEST OAK STREET
SUITE 250
KISSIMMEE, FL 34741 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: P
Name: MENDEZ, ALBERTO A M.D.
Address: 720 WEST OAK STREET, SUITE 250
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D
Name: MENDEZ, ALBERTO A M.D.
Address: 720 WEST OAK STREET, SUITE 250
City-St-Zip: KISSIMMEE, FL 34741 US

Title: T
Name: MENDEZ, ALBERTO A M.D.
Address: 720 WEST OAK STREET, SUITE 250
City-St-Zip: KISSIMMEE, FL 34741 US

Title: VP
Name: MENDEZ-HARTKOPF, ERIKA C
Address: 720 WEST OAK STREET, SUITE 250
City-St-Zip: KISSIMMEE, FL 34741 US

Title: S
Name: MENDEZ-HARTKOPF, ERIKA C
Address: 720 WEST OAK STREET, SUITE 250
City-St-Zip: KISSIMMEE, FL 34741 US

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: ALBERTO A MENDEZ, M.D.

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date