

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090387

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** ENDOCRINOLOGY SPECIALISTS OF THE PALM BEACHES, P.A.

**Current Principal Place of Business:**

2051 45TH STREET  
SUITE 301  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

5155 CORPORATE WAY  
SUITE C  
JUPITER, FL 33458 US

**Current Mailing Address:**

2086 CHAGALL CIRCLE  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 51-0479133      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELKAYAM, JACOB S  
2074 CHAGALL CIRCLE  
WEST PALM BEACH, FL 33409 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:** D      ( ) Delete  
**Name:** BARRON, RENANIT E  
**Address:** 2086 CHAGALL CIRCLE  
**City-St-Zip:** WEST PALM BEACH, FL 33409

**Title:** D      ( ) Delete  
**Name:** ELKAYAM, JACOB S  
**Address:** 2074 CHAGALL CIRCLE  
**City-St-Zip:** WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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:** RENANIT E BARRON

D

03/23/2009

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

\_\_\_\_\_  
Date