

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060772

FILED
May 01, 2007
Secretary of State

Entity Name: EDGEWATER ENDOCRINOLOGY, P.A.

Current Principal Place of Business:

237 N CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

109 W. KNAPP AVENUE
EDGEWATER, FL 32132

Current Mailing Address:

237 N CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

109 W. KNAPP AVENUE
EDGEWATER, FL 32132

FEI Number: 20-0997592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE
SUITE 115
JACKSONVILLE, FL 32204 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: METCHICK, LEE N MD
Address: 237 N CAUSEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: METCHICK, LEE N MD
Address: 109 W. KNAPP AVENUE
City-St-Zip: EDGEWATER, FL 32132

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: LEE N. METHICK, M.D.

MGR

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date