

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90019 015 ***158.75

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1. Entity Name
EDGEWATER ENDOCRINOLOGY, P.A.



Principal Place of Business

109 W. KNAPP AVENUE
EDGEWATER, FL 32132

Mailing Address

109 W. KNAPP AVENUE
EDGEWATER, FL 32132

DO NOT WRITE IN THIS SPACE



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0997592

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

MAGGIE O'DONNELL
109 W. KNAPP AVE.
EDGEWATER, FL
32132

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Maggie O'Donnell MAGGIE O'DONNELL ACTIVE ADMINISTRATOR 2/13/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE MGR
NAME METCHICK, LEE N MD
STREET ADDRESS 109 W. KNAPP AVENUE
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE N. METCHICK, M.D.

2/13/08

386-427-4544

Date

Daytime Phone #