

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000007532

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED DIABETES AND ENDOCRINE MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

7975 LAKE UNDERHILL RD  
SUITE 120  
ORLANDO, FL 32822

**New Principal Place of Business:**

9166 UNIVERSITY BOULEVARD  
SUITE B  
ORLANDO, FL 32817

**Current Mailing Address:**

PO BOX 678522  
ORLANDO, FL 32867

**New Mailing Address:**

9166 UNIVERSITY BOULEVARD  
SUITE B  
ORLANDO, FL 32817

**FEI Number:** 04-3803657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAHBANY, TONY  
7975 LAKE UNDERHILL RD  
SUITE 120  
ORLANDO, FL 32822 US

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

RAHBANY, TONY  
9166 UNIVERSITY BOULEVARD  
SUITE B  
ORLANDO, FL 32817 US

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: TONY RAHBANY

03/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: RAHBANY, RITA  
Address: 9166 UNIVERSITY BOULEVARD, SUITE B  
City-St-Zip: ORLANDO, FL 32817

Title: VP  
Name: RAHBANY, TONY N V  
Address: 9166 UNIVERSITY BOULEVARD, SUITE B  
City-St-Zip: ORLANDO, FL 32817

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: TONY RAHBANY

VP

03/22/2011

Electronic Signature of Signing Officer or Director

Date