2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023848

FILED May 10, 2009 Secretary of State

Entity Name: GAINESVILLE ENDOCRINE & DIABETES ASSOCIATES, P.A.

Name and Address of Current Registered Agent: MUTCH, SAMUEL A 2114 NW 40TH TERRACE, SUITE A-1 GAINESVILLE, FL 32605 US The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date							
SUITE 204 GAINESVILLE, FL 32605 Current Mailing Address: 6440 W. NEWBERRY RD. SUITE 204 GAINESVILLE, FL 32605 FEI Number: 20-8411236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status E Name and Address of Current Registered Agent: Name and Address of New Registered Agent MUTCH, SAMUEL A 2114 NW 40TH TERRACE, SUITE A-1 GAINESVILLE, FL 32605 US The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS ANI Title: DP () Delete Name: JONES, JOHN III Address: 6440 W. NEWBERRY ROAD SUITE 204 City-St-Zip: Title: DVP () Delete Title: DVP () Delete Title: () Change () Addition Name: Address: GARBARINO, LISA Name: Address: 6440 W. NEWBERRY ROAD SUITE 204	Current Principal Place of Business:			New Principal	New Principal Place of Business:		
6440 W. NEWBERRY RD. SUITE 204 GAINESVILLE, FL 32605 FEI Number: 20-8411236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status D Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent Name: Address: Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND Name: Name: Address: 6440 W. NEWBERRY ROAD SUITE 204	SUITE 204						
SUITE 204 GAINESVILLE, FL 32605 FEI Number: 20-8411236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status E Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUTCH, SAMUEL A 2114 NW 40TH TERRACE, SUITE A-1 GAINESVILLE, FL 32605 US The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS ANI Title: DP () Delete Title: () Change () Addition Name: JONES, JOHN III Name: Address: 6440 W. NEWBERRY ROAD SUITE 204 Address: GARBARINO, LISA Name: GARBARINO, LISA Address: 6440 W. NEWBERRY ROAD SUITE 204 Address:	Current Mailing Address:			New Mailing A	New Mailing Address:		
Name and Address of Current Registered Agent: MUTCH, SAMUEL A 2114 NW 40TH TERRACE, SUITE A-1 GAINESVILLE, FL 32605 US The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	SUITE 204						
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2114 NW 40TH TERRACE, SUITE A-1 GAINESVILLE, FL 32605 US The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Name and	Address of C	urrent Registered Agent:	Name and Add	dress of New Registered Agent:		
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS ANI Title: DP () Delete Title: () Change () Addition Name: Address: 6440 W. NEWBERRY ROAD SUITE 204 City-St-Zip: GAINESVILLE, FL 32605 Title: DVP () Delete Title: () Change () Addition Name: Address: 6440 W. NEWBERRY ROAD SUITE 204	2114 NW 4	OTH TERRAC					
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: DP () Delete Name: JONES, JOHN III Address: 6440 W. NEWBERRY ROAD SUITE 204 City-St-Zip: GAINESVILLE, FL 32605 Title: DVP () Delete Title: Title: DVP () Delete Title: Name: Address: City-St-Zip: Title: DVP () Delete Title: Name: Address: GARBARINO, LISA Name: Address: 6440 W. NEWBERRY ROAD SUITE 204 Address: Address: Address: Address: Address: Address: Address: Address:			submits this statement for the p	ourpose of changing its re	egistered office or registered agent, or both,		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS ANI Title: DP () Delete Name: Address: 6440 W. NEWBERRY ROAD SUITE 204 City-St-Zip: GARBARINO, LISA Address: 6440 W. NEWBERRY ROAD SUITE 204	SIGNATUR	RE:					
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS ANI Title: DP () Delete Title: () Change () Addition Name: Address: 6440 W. NEWBERRY ROAD SUITE 204 City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: GARBARINO, LISA Name: Address: 6440 W. NEWBERRY ROAD SUITE 204 Address: 6440 W. NEWBERRY ROAD SUITE 204		Electron	ic Signature of Registered Ag	ent	Date		
Title: DP () Delete Title: () Change () Addition Name: JONES, JOHN III Name: Address: 6440 W. NEWBERRY ROAD SUITE 204 Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: GARBARINO, LISA Name: Address: 6440 W. NEWBERRY ROAD SUITE 204 Address:	Election Cam	npaign Financing	Trust Fund Contribution ().				
Name: JONES, JOHN III Name: Address: 6440 W. NEWBERRY ROAD SUITE 204 Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: GARBARINO, LISA Name: Address: 6440 W. NEWBERRY ROAD SUITE 204 Address:	OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name: GARBARINO, LISA Name: Address: 6440 W. NEWBERRY ROAD SUITE 204 Address:	Name: Address:	JONES, JOHN 6440 W. NEWB	III ERRY ROAD SUITE 204	Name: Address:	() Change () Addition		
City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip:	Name:	GARBARINO, L 6440 W. NEWB	ISA ERRY ROAD SUITE 204	Name:	()Change ()Addition		

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: JOHN JONES DP 05/10/2009