

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000103303

FILED  
Oct 14, 2009  
Secretary of State

Entity Name: CHILDRENS ENDOCRINE & DIABETES CARE, INC.

## Current Principal Place of Business:

10111 FOREST HILL BLVD.  
SUITE 224  
WELLINGTON, FL 33414

## New Principal Place of Business:

10111 FOREST HILL BLVD.  
SUITE 251  
WELLINGTON, FL 33414

## Current Mailing Address:

10111 FOREST HILL BLVD.  
SUITE 224  
WELLINGTON, FL 33414

## New Mailing Address:

10111 FOREST HILL BLVD.  
SUITE 251  
WELLINGTON, FL 33414

FEI Number: 26-3428072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAMIAN, MIDDEY MD  
10111 FOREST HILL BLVD.  
SUITE 224  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

DAMIAN, MIDDEY MD  
10111 FOREST HILL BLVD.  
SUITE 251  
WELLINGTON, FL 33414 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: MIDDEYDAMIAN

10/14/2009

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: P ( ) Delete  
Name: DAMIAN, MIDDEY MD  
Address: 10111 FOREST HILL BLVD. #224  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DAMIAN, MIDDEY MD  
Address: 10111 FOREST HILL BLVD. #251  
City-St-Zip: WELLINGTON, FL 33414

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: MIDDEY DAMIAN

P

10/14/2009

Electronic Signature of Signing Officer or Director

Date