


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000000843**

1. Entity Name  
**PEDIATRIC ENDOCRINOLOGY CONSULTANTS, P.A.**



Principal Place of Business      Mailing Address  
**789 DOUGLAS AVE SUITE 137**      **789 DOUGLAS AVE SUITE 137**  
**ALTAMONTE SPRINGS FL 32714**      **ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For  
**59-3169363**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HABIB, AMID M.D.**  
**789 DOUGLAS AVE SUITE 137**  
**ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HABIB, AMID M.D.	
STREET ADDRESS	789 DOUGLAS AVE SUITE 137	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

00000251059  
 03/04/05-80033-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: A. H. Habib, M.D.      AMID HABIB, M.D.      2/22/05      (407) 867-0107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #