

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000000843</b> <small>1. Entity Name</small> <b>PEDIATRIC ENDOCRINOLOGY CONSULTANTS, P.A.</b>			
<small>Principal Place of Business</small> <b>789 DOUGLAS AVE SUITE 137 ALTAMONTE SPRINGS FL 32714</b>		<small>Mailing Address</small> <b>789 DOUGLAS AVE SUITE 137 ALTAMONTE SPRINGS FL 32714</b>	
<small>2. Principal Place of Business - No P.O. Box #</small> Suite, Apt. #, etc.		<small>3. Mailing Address</small> Suite, Apt. #, etc.	
<small>City &amp; State</small>		<small>4. FEI Number</small> <b>59-3169363</b>	
<small>Zip</small>		<small>Country</small>	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>		<small>Applied For</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



1st MOORE CR2E034 (10/07)

<b>6. Name and Address of Current Registered Agent</b>  <b>HABIB, AMID M.D.</b> <b>789 DOUGLAS AVE SUITE 137</b> <b>ALTAMONTE SPRINGS FL 32714</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
----------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, back of check or other document required when submitting. NOTE: Registered Agent sign form requires when changing agent.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABIB, AMID M.D.	NAME	
STREET ADDRESS	789 DOUGLAS AVE SUITE 137	STREET ADDRESS	000000814861
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	CITY-ST-ZIP	02/13/08-80060-021 150.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without the like, empowered.

SIGNATURE: *A. H. Habib, M.D.* **AMID HABIB, M.D.** 1/24/08 407-862-0107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR