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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # P9500064352 (4)

1. Corporation Name

REID ENDOCRINE ASSOCIATES, P.A.

Address

Principal Place of	f Business	Mailing Address			1			
555 BILTMORE WAY		555 BILTMORE WAY	555 BILTMORE WAY					
SUITE 205		SUITE 205						
CORAL GABLES FL 33134		CORAL GABLES FL 3	3134		3. Date Incorporated or Qualified 3a. Date of Last Report			oort
					08/21/1995)		
	{D minora	2a. Mailing Address			9. FEL Number		A	pplied For
Principal Place	e of Business	}¬ ·			25-06/5/18	/	N	ot Applicable
1		Suite, Apt. #, etc.	Suite Ant # etc				\$8.75	Additional
Suite, Apt. #,	etc.	27			5. Certificate of Status Deerrect		Fee R	beriupe
2		City & State			6. Election Campaign Financing	r	\$5.00	May Be
City & State		28			Trust Fund Contribution		Added	to Fees
3 Zin	Country	Zip	Country		8. This corporation has liability for	intangible tax	under sill	199.032,
Zıp 4	25	29	30		Florida Statutes Yes	s 🔲 No		
41	9. Name and Address of Cu				10. Name and Address of New I	Registered A	gent	
	3, 114		81	Name				
DEID II E	EDWARD L M.D.			Or and Ardeles	ess (P.O. Box Number is Not Accepta	ble)		
reid, II, Edward L M.D. 555 Biltmore Way			82	Street Addre	689 ft .O. DOX 1400 DOX 1400 DOX NOOCHEEDING			
			83					
SUITE 20							7221 -	0-4-
ÇURAL G	SABLES FL 33134		84	City		FI.	85 Zip	Code
			too the shows B	amad corooc	ation submits this statement for the pu	urpose of char	nging its re	gistered offi
11. Pursuant to	the provisions of Sections 607.	,0502 and 607.1508, Florida Stati Mikrida, Srich channe was a uthor	utes, the above-ni rized by the corpo	ration's boar	rd of directors. I hereby accept the app	pointment as r	egistered	agent. I am
familiar with	n, and acoupt the obligations of	Section 607.0505. Furida Statute	e)	2	ation submits this statement for the pure of directors. I hereby accept the app	106		
		~78 CZ S LZ P	resider	v		110		
SIGNATURE (COWON			7	<i></i>	DATE		
SIGNATURE _	Ag 14.0.0(1)/P1111 F	d agent and title if applicable (NOTE: Registered Agent	signature required	d when reinstating)	DATE EICERS AND	DIRECTO	RS IN 12
S	OFFICER	id agent and title if applieshed (6)	NOTE: Rogistered Agent 13.	signature required	d when reinstating: ADDITIONS/CHANGES TO OF	FICERS AND		
12.	OFFICER:	d agent and title if applicable (NOTE: Registered Agent 13. 1.1 TITLE	signature raquired	d when reinstating: ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOI Change	
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1. I do hereby certify that the information supplied with this tiling is voluntarily furnished and the certify that the information indicated on this annual report or supplementary annual report is true any faccurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplementary annual report is true any faccurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver of trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an acting state.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 305-443 36