2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 03, 2006
Secretary of State

DOCUMENT# P98000038501

Entity Name: REGENCY ENDOCRINOLOGY DIABETES AND METABOLISM, INC.

Current Principal Place of Business:

2500 W. LAKE MARY BLVD.
SUITE 206
LAKE MARY, FL 32746 US

New Principal Place of Business:

752 STIRLING CENTER PLACE
SUITE 1008
LAKE MARY, FL 32746 US

Current Mailing Address:

2500 W. LAKE MARY BLVD.
SUITE 206
LAKE MARY, FL 32746 US

New Mailing Address:

752 STIRLING CENTER PLACE
SUITE 1008
LAKE MARY, FL 32746 US

FEI Number: 59-3511028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANSARA, MAHA F M.D.
4106 W. LAKE MARY BLVD., SUITE #325
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

ANSARA, MAHA F MD
752 STIRLING CENTER PLACE
SUITE 1008
LAKE MARY, FL 32746 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: MAHA F ANSARA 10/03/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ANSARA, MAHA
Address: 4106 LAKE MARY BLVD, STE 325
City-St-Zip: LAKE MARY, FL 32756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ANSARA, MAHA F MD
Address: 752 STIRLING CENTER PLACE
City-St-Zip: LAKE MARY, FL 32746 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MAHA F ANSARA MD P 10/03/2006
Electronic Signature of Signing Officer or Director Date