2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90391 024 ***150.00

DOCUMENT # P98000061062

1. Entity Name
ENDOCRINE, DIABETES AND METABOLISM ASSOCIATES, P.A.

Principal Place of Business
C/O BRUCE JAY TOLAND, P.A.
~~801 BRICKELL AVENUE, SUITE 1501~~
~~MIAMI FL 33131~~

Mailing Address
C/O BRUCE JAY TOLAND, P.A.
~~801 BRICKELL AVENUE, SUITE 1501~~
~~MIAMI FL 33131~~

A00000521

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Bruce Jay Toland PA	c/o Bruce Jay Toland PA
Suite, Apt. #, etc.: 80 S.W. 8 Street #1920	Suite, Apt. #, etc.: 80 S.W. 8 Street,#1920
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33130 / Country: Miami-Dade	Zip: 33130 / Country: Miami-Dade

4. FEI Number 65-0855397 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOLAND, BRUCE JAY ESQUIRE ~~801 BRICKELL AVENUE, SUITE 1501~~ ~~MIAMI FL 33131~~	Name: Bruce Jay Toland PA Street Address (P.O. Box Number is Not Acceptable): 80 S.W. 8 Street, Suite 1920 City: Miami FL Zip Code: 33130

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.

SIGNATURE: _____ 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D ☐ Delete NAME: FILI, MICHAEL D M.D. STREET ADDRESS: ~~C/O 801 BRICKELL AVENUE, SUITE 1501~~ CITY-ST-ZIP: ~~MIAMI FL 33131~~	TITLE: D ☒ Change ☐ Addition NAME: Fili, Michael D. M.D. STREET ADDRESS: c/o 80 S.W. 8 Street, Suite 1920 CITY-ST-ZIP: Miami, Florida 33130
TITLE: D ☐ Delete NAME: KRIEGER, DIANE R M.D. STREET ADDRESS: ~~C/O 801 BRICKELL AVENUE, SUITE 1501~~ CITY-ST-ZIP: ~~MIAMI FL 33131~~	TITLE: D ☒ Change ☐ Addition NAME: Krieger, Diane R. M.C. STREET ADDRESS: c/o 80 S.W. 8 Street, Suite 1920 CITY-ST-ZIP: Miami, Florida 33130
TITLE: D ☐ Delete NAME: PONS, GUILLERMO M.D. STREET ADDRESS: ~~C/O 801 BRICKELL AVENUE, SUITE 1501~~ CITY-ST-ZIP: ~~MIAMI FL 33131~~	TITLE: D ☒ Change ☐ Addition NAME: Pons, Guillermo M.D. STREET ADDRESS: c/o 80 S.W. 8 Street, Suite 1920 CITY-ST-ZIP: Miami, Florida 33130
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/01 (305) 381-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael D. Fili, M.D. Director