2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P99000058607

Entity Name: ENDOCRINOLOGY AND DIABETES CARE CENTER, P.A.

Current Principal Place of Business:

3226 COVE BEND DR
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

3226 COVE BEND DRIVE
TAMPA, FL 33613 US

New Mailing Address:

3226 COVE BEND DR
TAMPA, FL 33613 US

FEI Number: 59-3584533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, GARY
202 S. ROME AVENUE
100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BAIG, MOHAMMAD M M.D.
Address: 3226 COVE BEND DR
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: BAIG, MOHAMMAD M M.D.
Address: 3226 COVE BEND DR
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify 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: MOHAMMAD M. BAIG DR 04/28/2009

Electronic Signature of Signing Officer or Director Date