

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000071814

FILED  
Jan 09, 2010  
Secretary of State

**Entity Name:** DIABETES AND ENDOCRINE CENTER OF FLORIDA, P.A.

**Current Principal Place of Business:**

7300 SAND LAKE COMMONS BLVD  
A-112  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7300 SAND LAKE COMMONS BLVD  
A-112  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 59-3592668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZIKRA, MAHA M.D  
7300 SAND LAKE COMMONS BLVD  
A-112  
ORLANDO, FL 32819 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: PR  
Name: ZIKRA, MAHA MD  
Address: 7300 SOUND LAKE COMMONS BLVD.STE#112  
City-St-Zip: ORLANDO, FL 32819

I hereby 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 all other like empowered.

**SIGNATURE:** ALBERT ZIKRA

MGRM

01/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date