

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095863

FILED  
Jul 02, 2008  
Secretary of State

**Entity Name:** ORLANDO DIABETES AND ENDOCRINE SPECIALISTS, P.A.

## Current Principal Place of Business:

1603 S. HIAWASSEE RD  
SUITE 105  
ORLANDO, FL 32835 US

## New Principal Place of Business:

6150 METROWEST BLVD  
SUITE 105  
ORLANDO, FL 32835 US

## Current Mailing Address:

1603 S. HIAWASSEE RD  
SUITE 105  
ORLANDO, FL 32835 US

## New Mailing Address:

6150 METROWEST BLVD  
SUITE 105  
ORLANDO, FL 32835 US

**FEI Number:** 59-3606563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

STEIN, W J  
1420 ALAFAYA TRAIL  
SUITE 101  
OVIEDO, FL 32765 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: BOURNE, KIMBERLEY A  
Address: 1603 S HIAWASSEE ROAD, SUITE 105  
City-St-Zip: ORLANDO, FL 32835

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: BOURNE, KIMBERLEY A  
Address: 6150 METROWEST BLVD SUITE 105  
City-St-Zip: ORLANDO, FL 32835

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: KIMBERLY A BOURNE

DR

07/02/2008

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

\_\_\_\_\_  
Date