FILED May 05, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION

<u>U</u>	<u>NIFU</u>	KW ROZINE	<u>55 KEPUKI</u>	(OR	(K)		05-05-2003	90114 01	12 ***1:	50.00	
DOCUMENT # P99000095863											
1. Entity Name											
ORLANDO DIABETES AND ENDOCRINE SPECIALISTS, P.A.]					
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Principal Plac	e of Busines	s	Mailing Address			1					
1603 S. HIAWASSEE RD			1603 S. HIAWASSEE RD			İ					
SUITE 115 ORLANDO, FL 32835 US			SUITE 115 Orlando, Fl. 32835 US								
•··=···•			3110 1100 110 1200	40			BIJER JIS (2018 KRIJ) BĒJIJ BEJJI S	Tiii 88112 (212	II KIIBI IBIIB		
2. Principal P	Race of Busin	1633	3. Mailing Address			! 		#h 1144			
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number Applied For					1
						ļ	59-3606563		No	at Applicable]
Zip Country			Zip Country		Iry	5. C	ertificate of Status Desired	□ \$	B.75 Add	ditional	
	6. Name	and Address of Current F	Registered Agent	<u> </u>	I	7. Ñ.	ame and Address of New Re		•		┨
					Name		<u>_</u>	<u>v</u>	<u></u>		ĺ
STEIN, W J				Street Addres			(P.O. Box Number Is Not Acceptable)				
SUITE 101	20705		Silver Address					<u> </u>			
OVIEDO, FI	L 32/65										
					City			FL	Zip Cod	e -	1
B. The above	named entit	v submits this statement for	the purpose of changing its	s registere	ed office or register	ed age	ent, or both, in the State of Flor		niliar with.	and accept	
	tions of regis		,				,				
SIGNATURE		·									ĺ
	Signature, typed	or prinsed marne of registated agent a	nd útle if applicable. (NOT	E: Registra	d Agentsignature required	when rein	rsturling)	DATE			
		II -FEE IS \$160.00					9. Election Campaign Fina	ncina	¢ 5.0	Ω Μαιι Πα	l
After Make Check	r May 1, 20 Pavable t	03 Fee will be \$550.00 o Florida Department o	f State			-	Trust Fund Contribution		Addec	O May Be to Fees	
10.	<u> </u>	OFFICERS AND (And the second	11.		400	NTIONS/CHANGES TO OFFIC	SERO AND O	NO FOTO D	7 IN 44	
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NAME	BOURNE,	KIMBERLEY A		NAM				_			Š
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CHY-ST-ZP	URLANDO	J, FL 32835			-ST-ZIP				7.01	m .ass	15 17 17 17
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NAME STREET ADDRESS				NAMI STRE	ET ADDRESS						ĺ
CITY-ST-ZP				N	-ST-ZIP					-	
12. I hereby	certify that th	e information supplied with	this filing does not qualify fo	the exe	mption stated in Sec	ction 1	19.07(3)(i), Florida Statutes. I I	further certify	that the in	nformation	l
of the cor	poration or ti	ne receiver or trustee empor	wered to execute this report	las requir	iure shall have the s red by Chapter 607,	ame le L' Florid	gal effect as if made under or a Statutes; and that my name	ain; inai i am appears in i	an officer Block 10 or	or alrector Block 11 if	
changed,	, or on an atta	ecoment with an address, w	ith all other like empowered	• • •	,	1 -		1	, .		
SIGNAT	ure.	1/mbaly A	10 aure	Ki	nherlen	H. Þ	ouine 4/27	<u>/0</u> 3	4072	93215	0
	<u>-</u>	SIGNATURE AND TYPED OR PE	INTED NAME OF SIGNING OFFICER	OR DIRECT	OR /		Oaks /	Cayt	më Phòne #		