

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90128 023 ***150.00

DOCUMENT # P99000111903													
1. Entity Name ENDOCRINE SPECIALIST, P.A.													
Principal Place of Business 671 GOODLETTE ROAD NORTH SUITE 240 NAPLES, FL 34102			Mailing Address 404 BAYSIDE AVENUE NAPLES, FL 34108										
2. Principal Place of Business 730 Goodlette Rd. N.		3. Mailing Address Suite, Apt. #, etc.											
Suite, Apt. #, etc. Suite 205		Suite, Apt. #, etc.		02232005 Chg-P CR2E034 (10/03)									
City & State Naples FL		City & State		4. FEI Number 65-0972544									
Zip 34102		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent MILLER, LAUREN 730 GOODLETTE ROAD NORTH SUITE 205 NAPLES, FL 34102			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name Lauren Brodie</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 730 Goodlette Road North</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Suite Suite 205</td> </tr> <tr> <td style="padding: 2px;">City Naples</td> <td style="padding: 2px;">Zip Code FL 34102</td> </tr> </table>			Name Lauren Brodie		Street Address (P.O. Box Number is Not Acceptable) 730 Goodlette Road North		Suite Suite 205		City Naples	Zip Code FL 34102
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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. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRODIE, TODD D 404 BAYSIDE AVENUE NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE: <u>Lauren Brodie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/4/05</u> <small>Date</small>		<u>239-436-3652</u> <small>Daytime Phone #</small>								