## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

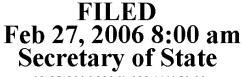
## **DOCUMENT # P99000111903**

1. Entity Name

730 GOODLETTE RD N

STE 205 NAPLES, FL 34102

ENDOCRINE SPECIALIST, P.A. Principal Place of Business Mailing Address



02-27-2006 90061 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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404 BAYSIDE AVENUE

NAPLES, FL 34108

02032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0972544

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BRODIE, LAUREN 730 GOODLETTE ROAD NORTH

6. Name and Address of Current Registered Agent

**SUITE 205** NAPLES, FL 34102

## DO NOT WRITE IN THIS SPACE

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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_	Signature, typed or printed name of registered agent and little	rapplicable. (NOTE: Registered	Agent signature required when reinstating	ng)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			scing . \$5.00 May B Added to Fees	ie		1
10.	OFFICERS AND DIREC	CTORS	1		4.4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODIE, TODD D 404 BAYSIDE AVENUE NAPLES, FL 34108					
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12. Library certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

Brode m

Daytime Phone #