2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# V26005

Entity Name: NORTHEAST FLORIDA ENDOCRINE & DIABETES ASSOCIATION, P.A.

Current Principal Place of Business:

1820 BARRS ST
STE 520
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

1820 BARRS ST
STE 520
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-3114490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PURCELL, JOHN A
1920 BARRS ST
STE 520
JACKSONVILLE, FL 32204 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: D ( ) Delete
Name: SUTTON, DAVID R
Address: 1135 BROOKWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: ROURA, MIGUEL
Address: 8418 PAPELON WAY
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: DAJANI, LORRAINE H. M
Address: 3829 TIMUQUANA RD.
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: SILVA, RICARDO A
Address: 10135 BISHOP LAKE ROAD W
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: MONTGOMERY, CHARLES T
Address: 933 GREENRIDGE RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: PURCELL, JOHN A
Address: 1158 SHIPWATCH DR E
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EILEEN R VAN FOSSEN ADMI 02/01/2006

Electronic Signature of Signing Officer or Director Date