

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V26005

FILED
Jan 15, 2009
Secretary of State

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

Current Principal Place of Business:

915 WEST MONROE ST, STE 200
JACKSONVILLE, FL 322041177 US

New Principal Place of Business:

Current Mailing Address:

915 WEST MONROE ST, STE 200
JACKSONVILLE, FL 322041177 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:

PURCELL, JOHN A
915 WEST MONROE ST
SUITE 200
JACKSONVILLE, FL 32204 US

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: JOHN A PURCELL

01/15/2009

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: D (X) Change () Addition
Name: PURCELL, JOHN A
Address: 5300 DON MANUEL RD
City-St-Zip: ELKTON, FL 32033

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: JOHN A PURCELL

PRES

01/15/2009

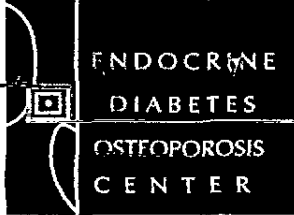
Electronic Signature of Signing Officer or Director

Date

Attachment to 2009 A/R

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NORTHEAST FLORIDA



JOHN A. PURCELL, M.D., F.A.C.E.
DAVID R. SUTTON, JR., M.D., F.A.C.E.
LORRAINE H. DAJANI, M.D., F.A.C.E.
RICARDO A. SILVA, M.D., F.A.C.E.
J. GARY EVANS, M.D., F.A.C.E.
C. TED MONTGOMERY, M.D., F.A.C.E.
MIGUEL F. ROURA, M.D., F.A.C.E.
SCOTT A. SEGEL, M.D., F.A.C.E.
J. SAMPLE MAGEE, M.D., F.A.C.E.
ARTURO R. CASTRO, M.D., F.A.C.E.
STEFANO TRAVAGLINI, M.D.
SALWA AYAD, M.D.
LESLIE J. SALOMONE, M.D.
KHURRAM WADUD, M.D., F.A.C.E.
M. RONNIE BATEH, D.P.M.

V26005


January 15, 2009

Florida Dept of State
Secretary of State
Division of Corporations
PO Box 8700
Tallahassee, FL 32314

RE: Document number V26005

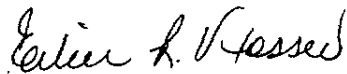
To Whom It May Concern:

I have completed the filing of the annual report online. I need to add an additional partner in the corporation.

His name is:
Khurram Wadud, M.D. 
1555 Green Moss Lane
Orange Park, FL 32065

If you have any questions, please don't hesitate to call me.

Sincerely,



Eileen Van Fossen
Practice Administrator