

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V26005

FILED
Jan 27, 2010
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 (X)

Name and Address of Current Registered Agent:

PURCELL, JOHN A
915 WEST MONROE ST
SUITE 200
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
Name: SUTTON, DAVID R
Address: 1135 BROOKWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32207

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

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

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

Title: D
Name: WADUD, KHURRAM T
Address: 1555 GREEN MOSS LANE
City-St-Zip: ORANGE PARK, FL 32065

Title: D
Name: PURCELL, JOHN A
Address: 5300 DON MANUEL RD
City-St-Zip: ELKTON, FL 32033

I hereby 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 all other like empowered.

SIGNATURE: JOHN A PURCELL

PRES

01/27/2010

Electronic Signature of Signing Officer or Director

Date