

**2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N99000001354

**FILED  
Apr 29, 2016  
Secretary of State  
CR1668775668**

**Entity Name:** THE ENDOCRINOLOGY CLUB OF MIAMI-DADE, INC.

**Current Principal Place of Business:**

7800 SW 87TH. AVE.  
STE. 130  
MIAMI, FL 33173

**Current Mailing Address:**

7800 SW 87TH. AVE.  
STE. 130  
MIAMI, FL 33173

**FEI Number: 65-0899286**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COHEN, MARTIN MD  
7800 SW 87TH. AVE  
STE. 130  
MIAMI, FL 33172 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: MARTIN COHEN MD**

**04/29/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	MOBD
Name	COHEN, MARTIN MD.
Address	7800 SW 87TH AVE STE. 130
City-State-Zip:	MIAMI FL 33173
Title	MOBD
Name	COELHO, CARLOS MD
Address	21097 FIVE 27TH COURT STE. 510
City-State-Zip:	AVENTURA FL 33180
Title	MOBD
Name	ANDRADE, AGUSTIN MD
Address	4302 ALTON ROAD
City-State-Zip:	MIAMI BEACH FL 33140

Title	MOBD
Name	SHUMAN, JOSEPH
Address	7150 W 20 AVE, #114
City-State-Zip:	HIALEAH FL 33016
Title	MOBD
Name	MARKS, JENNIFER MD
Address	P.O. BOX 016960 D-110
City-State-Zip:	MIAMI FL 33101
Title	COB
Name	GRON, LISA DO.
Address	7800 SW 87TH. AVE.
City-State-Zip:	MIAMI FL 33173

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARTIN COHEN MD**

**PRESIDENT**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date