

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G80945

**Entity Name:** AVENTURA ENDOCRINE ASSOCIATES, P.A.

**Current Principal Place of Business:**

21097 NE 27 COURT  
SUITE 300  
AVENTURA, FL 33180

**Current Mailing Address:**

21097 NE 27 COURT  
SUITE 300  
AVENTURA, FL 33180

**FEI Number:** 59-2353380

**Certificate of Status Desired:** No

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

ROBBINS, EDWARD ESQ.  
800 SE 3RD AVE.  
SUITE 300  
FORT LAUDERDALE, FL 33316 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SHAPIRO, ELTON T  
Address 21097 NE 27 COURT, SUITE 300  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name THALER, LEONARD M  
Address 21097 NE 27 COURT, SUITE 300  
City-State-Zip: AVENTURA FL 33180

Title SEC  
Name THALER, LEONARD M  
Address 21097 NE 27 COURT, SUITE 300  
City-State-Zip: AVENTURA FL 33180

Title TR  
Name SHAPIRO, ELTON T  
Address 21097 NE 27 COURT, SUITE 300  
City-State-Zip: AVENTURA FL 33180

*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:** LEONARD THALER

VP

01/21/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date