

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000038501

**Entity Name:** REGENCY ENDOCRINOLOGY DIABETES AND METABOLISM, INC.

**FILED**  
**Apr 09, 2014**  
**Secretary of State**  
**CC8842716316**

**Current Principal Place of Business:**

752 STIRLING CENTER PLACE  
SUITE 1008  
LAKE MARY, FL 32746

**Current Mailing Address:**

752 STIRLING CENTER PLACE  
SUITE 1008  
LAKE MARY, FL 32746 US

**FEI Number:** 59-3511028

**Certificate of Status Desired:** No

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

ANSARA, MAHA FMD  
752 STIRLING CENTER PLACE  
SUITE 1008  
LAKE MARY, FL 32746 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 P  
Name ANSARA, MAHA FMD  
Address 752 STIRLING CENTER PLACE  
City-State-Zip: LAKE MARY FL 32746

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:** MAHA ANSARA

**PRESIDENT**

**04/09/2014**

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

\_\_\_\_\_  
Date