

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000095863

**Entity Name:** ORLANDO DIABETES AND ENDOCRINE SPECIALISTS, P.A.

**Current Principal Place of Business:**

6150 METROWEST BLVD  
SUITE 105  
ORLANDO, FL 32835

**Current Mailing Address:**

6150 METROWEST BLVD  
SUITE 105  
ORLANDO, FL 32835 US

**FEI Number:** 59-3606563

**Certificate of Status Desired:** No

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

ARRIAGA, GREGG  
6150 METROWEST BLVD  
SUITE 104  
ORLANDO, FL 32765 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 DR  
Name BOURNE, KIMBERLEY A  
Address 6150 METROWEST BLVD SUITE 105  
City-State-Zip: ORLANDO FL 32835

*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:** KIMBERLEY A BOURNE

**OWNER**

**01/11/2014**

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

\_\_\_\_\_  
Date