

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 23, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02697**

1. Entity Name  
**FERTILITY INSTITUTE OF SOUTH FLORIDA, INC.**

Principal Place of Business  
 4651 SHERIDAN STREET  
 SUITE 400  
 HOLLYWOOD FL 33021

Mailing Address  
 4651 SHERIDAN STREET  
 SUITE 400  
 HOLLYWOOD FL 33021

2. Principal Place of Business  
 1613 NORTH HARRISON PARKWAY

3. Mailing Address  
 1613 NORTH HARRISON PARKWAY

Suite, Apt. #, etc.  
 SUITE 200

Suite, Apt. #, etc.  
 SUITE 200

City & State  
 SUNRISE FL

City & State  
 SUNRISE FL

Zip Country  
 33323

Zip Country  
 33323

4. FEI Number  
**59-2026426**

Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

MARTUS JAY AESQ  
 4651 SHERIDAN ST.  
 SUITE 400  
 HOLLYWOOD FL 33021  
 US

**7. Name and Address of New Registered Agent**

Name  
 MARTUS JAY AESQ

Street Address (P.O. Box Number is Not Acceptable)  
 1613 NORTH HARRISON PARKWAY

SUITE 200

City SUNRISE FL Zip Code 33323

8. 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 \_\_\_\_\_ **02/23/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MARTUS JAY A 4651 SHERIDAN ST., STE. 400 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD COWARD ROBERT 4651 SHERIDAN ST., STE. 400 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD GOLD LEWIS 4651 SHERIDAN ST., STE. 400 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG MITCHELL 4651 SHERIDAN ST., STE. 400 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MARTUS JAY A 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD COWARD ROBERT 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD GOLD LEWIS 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG MITCHELL 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jay A. Martus VP 02/23/2001 Date  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)