


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F0300000295</b>					
1. Entity Name <b>GENETICS &amp; IVF INSTITUTE, INC.</b>					
Principal Place of Business <b>3020 JAVIER ROAD FAIRFAX VA 22031</b>			Mailing Address <b>3025 HAMAKER CT., SUITE 203 FAIRFAX VA 22031</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>54-1296887</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGENHEIMER, RICHARD</b>			NAME	
STREET ADDRESS	<b>8110 GATEHOUSE ROAD, SUITE 200 EAST</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FALLS CHURCH VA 22041</b>			CITY-ST-ZIP	<b>U00000061108</b>
TITLE	DD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINCLAIR, SHANNON</b>			NAME	
STREET ADDRESS	<b>8110 GATEHOUSE ROAD, SUITE 200 EAST</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FALLS CHURCH VA 22041</b>			CITY-ST-ZIP	<b>02/23/04-80066-025 150.00</b>
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORFMANN, ANDY</b>			NAME	
STREET ADDRESS	<b>3020 JAVIER ROAD</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFAX VA 22031</b>			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAUER, KEITH M.D.</b>			NAME	
STREET ADDRESS	<b>3015 WILLIAMS DRIVE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFAX VA 22031</b>			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROBERG, RICHARD</b>			NAME	
STREET ADDRESS	<b>3015 WILLIAMS DRIVE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFAX VA 22031</b>			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRONIN, PAUL</b>			NAME	
STREET ADDRESS	<b>3015 WILLIAMS DRIVE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFAX VA 22031</b>			CITY-ST-ZIP	



MOORE CR2E034 (11/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Paul Cronin* 18 Feb 04 703.698.3923