FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

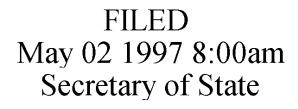
DOCUMENT # H60345

(6)

CENTER FOR INFERTILITY AND REPRODUCTIVE MEDICINE . P.A.

Principal Place of Business

Mailing Address





\$435 PINEHURST AVE. ORLANDO FL \$2804		3435 PINEHURST AVE. ORLANDO FL 32804-4049				·		
					3. Date Incorporated or Qualified 06/05/1985	3a. Date of Last	•	7
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	וטעןויט ו	Applied For	1
21		hn ~	26		59-2542546		Not Applicable	-
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional		1
22		27			5. Certificate of Status Dosired	1 1	Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be Added to Fees		
Zip Country			Zip Country			_=		┨
24	25	29	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			1
24		Current Registered Agent			10. Name and Address of New Registered Agent			1
2001			81	Name				1
DEVANE, GARY W., M.D. 3435 PINEHURST AVE.			82	Street Add	dress (P.O. Box Number is Not Acceptable)			-
	ANDO FL 32804				or cos (i to reach that is the the coopean			4
			83	'				
			84	City		FL 85 2	rip Code	
I office or r	egistered agent, or both, in the	607.0502 and 607.1508, Florida Statute he State of Florida. Such change was a he obligations of Section 607.0505, Flo	authorized b	v the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changir	ng its registered as registered	
SIGNATURE								
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: OFFICERS AND DIRECTORS		E: Registered Ag	jent signature req	jured when relistating) ADDITIONS/CHANGES TO OFFIC	DATE CEDS AND DIDECT	OBC IN 12	يرا⊦
TITLE		DELETE	1.1 HITLE		ADDITIONS/CHANGES TO OFFIC	Chan		- 8
NAME	PD CARNE GARY IN		1.2 NAME			C Ollen	go Addition	1
STREET ADDRESS	DEVANE, GARY W. 1035 LAKEVIEW DR			1 ADDRESS				8
1	(\				10
CITY-ST-ZIP TITLE	WINTER PARK FL SD	DELETE	1.4 CiTY- 2.1 TiTLE	21-21		☐ Chan	ge Addition	18
NAME	DEVANE, BARBARA D.		2.2 NAME					
STREET ADDRESS	1035 LAKEVIEW DR		8	I ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2.4 CITY					
TITLE	D	DELETE	3.1 IIILE	- 21-5H	1,	Chan	ge Addition	1
NAME	LOY, RANDALL A		3.2 NAME	İ				1
STREET ADDRESS	3435 PINEHURST AVE			T ADDRESS				
CITY-ST-ZIP	ORLANDO FL			S1 - 7/P				
TITLE			4.1 TITLE			Chan	ge 🔲 Addilion	1
NAME			4. 2 NAME					Ì
STREET ADDRESS			4.3 STREE	1 ADORESS				
CITY-ST-ZIP			4.4 CITY -	j				1
TITLE		☐ DELETE	5.1 TITLE			☐ Chan	ge Addition	1
NAME			5.2 NAME					1
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			5.4 CITY-					
TITLE		DELETE 6.1				Chan	ge Addition	1
NAME			6.2 NAME					-
STREET ADDRESS				1 ADDRESS				1
CITY-ST-ZIP			6.4 CITY -					
	by certify that the information	supplied with this filing does not qualif			ed in Section 119 07(3)(i). Florida Statutes	s. I further certify t	hat the	4

• I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Grandy Divaria mo

4/22/9

(407)740-0909