

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004429

FILED
Jan 15, 2004
Secretary of State

Entity Name: FLORIDA SOCIETY OF REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY, INC.

Current Principal Place of Business:

2825 N. STATE RD. 7, SUITE 302
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2825 N. STATE RD. 7, SUITE 302
MARGATE, FL 33063

New Mailing Address:

FEI Number: 62-1465796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXSON, WAYNE S
2825 N. STATE RD. 7, SUITE 302
MARGATE, FL 33063

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

- Title: D () Delete
Name: YEKO, TIMOTHY
Address: 4 COLUMBIA DR.
City-St-Zip: TAMPA, FL 33606
- Title: D () Delete
Name: MAXSON, WAYNE S
Address: 2825 N. STATE RD. 7, SUITE 302
City-St-Zip: MARGATE, FL 33063
- Title: D () Delete
Name: SHAYKH, MARWAN M
Address: 784 BLANDING BLVD., SUITE 108
City-St-Zip: ORANGE PARK, FL 32065
- Title: D () Delete
Name: RIGGALL, FRANK C
Address: 23 W. COPELAND DR.
City-St-Zip: ORLANDO, FL 32806
- Title: D () Delete
Name: WILLIAMS, R. STAN
Address: P. O. BOX 100294
City-St-Zip: GAINESVILLE, FL 32610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE MAXSON _____

DR.

01/15/2004 _____

Electronic Signature of Signing Officer or Director

Date