


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90031 003 ****61.25

DOCUMENT # N0000004429

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



Principal Place of Business 2825 N. STATE RD. 7, SUITE 302- MARGATE, FL 33063 <i>2960</i>	Mailing Address 2825 N. STATE RD. 7, SUITE 302 300 MARGATE, FL 33063 <i>2960</i>
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01122005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 62-1465796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAXSON, WAYNE S
2825 N. STATE RD. 7, SUITE 302
MARGATE, FL 33063
2960 N STATE RD 7, SUITE 300
MARGATE FL 33063

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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:  DATE: *1/12/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


Filing Fee Is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEKO, TIMOTHY 4 COLUMBIA DR. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXSON, WAYNE S <i>2825 N. STATE RD. 7, SUITE 302</i> MARGATE, FL 33063 <i>2960 N. STATE RD 7</i> <i>SUITE 300</i> <i>MARGATE FL.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAYKH, MARWAN M 784 BLANDING BLVD., SUITE 108 ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGALL, FRANK C 23 W. COPELAND DR. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, R. STAN P. O. BOX 100294 GAINESVILLE, FL 32610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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:  DATE: *1/12/05* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE