


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000004429**

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



Principal Place of Business 2960 STATE RD 7 STE 300 POMPANO BEACH, FL 33063	Mailing Address 2960 STATE RD 7 STE 300 POMPANO BEACH, FL 33063
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01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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

MAXSON, WAYNE S  
 2960 STATE RD 7  
 STE 300  
 MARGATE, FL 33063

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**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 2960 STATE RD 7 STE 300 MARGATE, FL 33063
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	D HOFFMAN, DAVID I 2960 N. STATE RD. 7, SUITE 300 MARGATE, FL 33063

**DO NOT WRITE IN THIS SPACE**

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 01/18/07-80070-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ *W* \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

\_\_\_\_\_ **Date** 1/10/07 \_\_\_\_\_ **Daytime Phone #** 954-277-1620