

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N00000004429

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

Current Principal Place of Business:

2960 STATE RD 7
STE 300
POMPANO BEACH, FL 33063

New Principal Place of Business:

Current Mailing Address:

2960 STATE RD 7
STE 300
POMPANO BEACH, 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
2960 STATE RD 7
STE 300
MARGATE, FL 33063 US

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: 2960 STATE RD 7 STE 300
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

Title: D () Delete
Name: HOFFMAN, DAVID I
Address: 2960 N. STATE RD. 7, SUITE 300
City-St-Zip: MARGATE, FL 33063

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
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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 exemption stated 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 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 S. MAXSON

MD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date