

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004429

FILED
Mar 16, 2010
Secretary of State

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
Name: YEKO, TIMOTHY
Address: 4 COLUMBIA DR.
City-St-Zip: TAMPA, FL 33606

Title: D
Name: MAXSON, WAYNE S
Address: 2960 STATE RD 7 STE 300
City-St-Zip: MARGATE, FL 33063

Title: D
Name: SHAYKH, MARWAN M
Address: 784 BLANDING BLVD., SUITE 108
City-St-Zip: ORANGE PARK, FL 32065

Title: D
Name: RIGGALL, FRANK C
Address: 23 W. COPELAND DR.
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: WILLIAMS, R. STAN
Address: P. O. BOX 100294
City-St-Zip: GAINESVILLE, FL 32610

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

I hereby 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 all other like empowered.

SIGNATURE: WAYNE S. MAXSON

DR.

03/16/2010

Electronic Signature of Signing Officer or Director

_____ Date