

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90110 031 ****61.25

DOCUMENT # N00000004429
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**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **62-1465796**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MAXSON, WAYNE S
2825 N. STATE RD. 7, SUITE 302
MARGATE FL 33063**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Wayne S. Maxson* **4-30-03** **954-247-6200**

CR2E037 (10/02)