

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90107 017 \*\*\*150.00

4/31  
4/31

DOCUMENT # P0000002011  
 1. Entity Name  
**FERTILITY ASSOCIATES OF MIAMI, P.A.**

Principal Place of Business      Mailing Address  
 8950 N. KENDALL DRIVE      8950 N. KENDALL DRIVE  
 SUITE #103      SUITE #103  
 MIAMI FL 33178      MIAMI FL 33178

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number  
**65-0973039**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**JACOBS, MICHAEL M.D.**  
 8950 N. KENDALL DRIVE  
 SUITE #103  
 MIAMI FL 33178

7. Name and Address of New Registered Agent  
 Name **MARIA ELENA AMADO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8950 N KENDALL DR #103**  
 City **MIAMI**      FL      Zip Code **33176**

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.  
 SIGNATURE *[Signature]*      **MARIA ELENA AMADO**      **6/15/01**  
Signature, typed or printed name of registered agent and the filer if applicable. (NOTE: For certain Agent signatures required when registering)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Delete <b>MICHAEL H. JACOBS, MD</b> <b>8950 N KENDALL DR</b> <b>SUITE 103</b> <b>MIAMI, FL 33176</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      **4/24/2001**      **(305) 596-4013**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Dept. Phone #

CR2E034 (10/00)