

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002011

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: FERTILITY ASSOCIATES OF MIAMI, P.A.

**Current Principal Place of Business:**

8950 N. KENDALL DRIVE  
SUITE #103  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8950 N. KENDALL DRIVE  
SUITE #103  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 65-0973039      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AMADO, MARIA ELENA  
8950 N. KENDALL DRIVE  
SUITE #103  
MIAMI, FL 33176 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JACOBS, MICHAEL H MD  
Address: 8950 NORTH KENDALL  
City-St-Zip: MIAMI, FL 33176

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD (X) Change ( ) Addition  
Name: JACOBS, MICHAEL H  
Address: 8950 NORTH KENDALL #103  
City-St-Zip: MIAMI, FL 33176

Title: MD ( ) Change (X) Addition  
Name: AKERMAN, FERNANDO M  
Address: 8950 N KENDALL DR #103  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL H. JACOBS

MD

01/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date