

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000073252

FILED  
Aug 18, 2006  
Secretary of State

**Entity Name:** FERTILITY CENTER AND APPLIED GENETICS OF FLORIDA, INC.

**Current Principal Place of Business:**

5664 BEE RIDGE ROAD  
SUITE 202  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

**Current Mailing Address:**

5664 BEE RIDGE ROAD  
SUITE 202  
SARASOTA, FL 34233 US

**New Mailing Address:**

**FEI Number:** 65-0950370      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LAMBRECHT, WILLIAM G  
200 SOUTH ORANGE AVE  
SARASOTA, FL 34236 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PABON, JULIO E MD  
Address: 7604 IGUANA DRIVE  
City-St-Zip: SARASOTA, FL 34241

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

Title: MD (X) Change ( ) Addition  
Name: PABON, JULIO E MD  
Address: 7604 IGUANA DRIVE  
City-St-Zip: SARASOTA, FL 34241

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: VERNEDA PABON

MRS.

08/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date