2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# N20384

Entity Name: FERTILITYCARE SERVICES OF TAMPA BAY, INC.

Current Principal Place of Business:

ST. LAWRENCE CATHOLIC CHURCH
5221 HIMES AVE. N
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13501
TAMPA, FL 336813501

New Mailing Address:

FEI Number: 59-2830636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAMBLISS, LISA
2802 W PRICE AVE
TAMPA, FL 33611 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: PD ( ) Delete
Name: CHAMBLISS, LISA
Address: 2802 W PRICE AVE
City-St-Zip: TAMPA, FL 33611

Title: VPD ( ) Delete
Name: PLUMMER, LAURIE
Address: 2401 ROUDLAKE CT
City-St-Zip: TAMPA, FL 33618

Title: STD ( ) Delete
Name: ITALIANO, KYLIE
Address: 501 S MOODY APT 1129B
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: ITALIANO, KYLIE
Address: 3315 W PALMIRA AVE
City-St-Zip: TAMPA, FL 33629

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA CHAMBLISS PD 04/16/2007

Electronic Signature of Signing Officer or Director — Date