SUITE 1000 JACKSONVILLE, FL 32216 US				
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	BRIAN HART			04/04/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	EXECUTIVE DIRECTOR	Title	PRESIDENT	
Name	FILBERT, COLLEEN	Name	GUALTIERI, MARC MD	
Address	6816 SOUTHPOINT PARKWAY SUITE 1000	Address	2960 NORTH STATE ROAD 7 SUITE 300	
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	MARGATE FL 33063	
Title	TREASURER	Title	SECRETARY	
Name	BOU NEMER, LAURICE MD	Name	IMUDIA, ANTHONY DR.	
Address	2960 N STATE ROAD SUITE 300	Address	2 TAMPA GENERAL CIRCLE	
		City State Zin:	TAMPA EL 22606	

City-State-Zip: TAMPA FL 33606

## FEI Number: 62-1465796

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

S JA

City-State-Zip:

## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000004429

Entity Name: FLORIDA SOCIETY OF REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY, INC.

**Current Principal Place of Business:** 

6816 SOUTHPOINT PKWY, SUITE 1000 JACKSONVILLE, FL 32216

## **Current Mailing Address:**

6816 SOUTHPOINT PKWY, SUITE 1000 JACKSONVILLE, FL 32216 US

MARGATE FL 33063

HART, BRIAN JD 6816 SOUTHPOINT PARKWAY

I hereby 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 all other like empowered.

#### SIGNATURE: COLLEEN FILBERT

04/04/2024 EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 04, 2024 Secretary of State 5617064695CC

Certificate of Status Desired: No

Date