

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004429

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

**FILED**  
**Apr 19, 2021**  
**Secretary of State**  
**2331532740CC**

**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

**FEI Number: 62-1465796**

**Certificate of Status Desired: No**

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

HART, BRIAN JD  
6816 SOUTHPOINT PARKWAY  
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**

**04/19/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name FILBERT, COLLEEN  
Address 6816 SOUTHPOINT PARKWAY  
SUITE 1000  
City-State-Zip: JACKSONVILLE FL 32216

Title PRESIDENT  
Name ORY, STEVEN J MD  
Address 8722 NW 49TH DR  
City-State-Zip: CORAL SPRINGS FL 33067

Title PRESIDENT ELECT  
Name PABON, JULIO MD  
Address 5100 STATION WAY  
City-State-Zip: SARASOTA FL 34233

Title TREASURER  
Name BARRIONUEVO, MARCELO MD  
Address 7646 ISLAND WAY  
City-State-Zip: WESTON FL 33326

*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**

**ED**

**04/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date