	,			
FEI Number	: 62-1465796		Certificate of Status Desired: No	
Name and A	ddress of Current Registered Ag	ent:		
<b>SUITE 1000</b>	JD DINT PARKWAY E, FL 32216 US			
The above named	l entity submits this statement for the purpose of c	hanging its registered office or regis	stered agent, or both, in the State of Fi	lorida.
SIGNATURE	BRIAN HART			03/16/2023
	Electronic Signature of Registered Agen	t		Date
Officer/Dire	ctor Detail :			
Title	EXECUTIVE DIRECTOR	Title	PRESIDENT	
Name	FILBERT, COLLEEN	Name	CHUONG, FARAH MD	
Address	6816 SOUTHPOINT PARKWAY	Address	9430 SW 95 COURT	
City-State-Zip:	SUITE 1000 JACKSONVILLE FL 32216	City-State-Zip:	MIAMI FL 33176	
Title	PRESIDENT ELECT	Title	SECRETARY	
		Name	BOU NEMER, LAURICE MD	
Name Address	GUALTIERI, MARC MD 2960 NORTH STATE ROAD 7 SUITE 300	Address	2960 N STATE ROAD SUITE 300	

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

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# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000004429

SIGNATURE: COLLEEN FILBERT

03/16/2023

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 16, 2023 Secretary of State 3845473173CC

SUITE 300 City-State-Zip: MARGATE FL 33063

above, or on an attachment with all other like empowered.

ED

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

City-State-Zip: MARGATE FL 33063