

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004429

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

FILED
Mar 17, 2016
Secretary of State
CC1082576074

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:

SEYMOUR, CHRISTOPHER MBA
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: CHRISTOPHER SEYMOUR

03/17/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name MAXSON, WAYNE S MD
Address 2960 STATE RD 7 STE 300
City-State-Zip: MARGATE FL 33063

Title SECRETARY
Name PABON, JULIO E MD
Address 6050 CATTLERIDGE BLVD
 SUITE 103
City-State-Zip: SARASOTA FL 34232-6014

Title PRESIDENT
Name PATEL, SEJAL D MD
Address 8328 LAKE BURDEN CIR.
City-State-Zip: WINDERMERE FL 34786

Title PRESIDENT-ELECT
Name SILVA, CELSO MD
Address 2131 SNOW RD
City-State-Zip: ORLANDO FL 32814

Title EXECUTIVE DIRECTOR
Name SEYMOUR, CHRISTOPHER MBA
Address 6816 SOUTHPOINT PARKWAY
 SUITE 1000
City-State-Zip: JACKSONVILLE FL 32216

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: CHRISTOPHER SEYMOUR

MBA

03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date