

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009119

Entity Name: AMERICAN SOCIETY FOR REPRODUCTIVE IMMUNOLOGY, INC.**FILED**
Jan 08, 2020
Secretary of State
7101868629CC**Current Principal Place of Business:**6524 SW 61ST TERRACE
SOUTH MIAMI, FL 33143**Current Mailing Address:**6524 SW 61ST TERRACE
SOUTH MIAMI, FL 33143 US**FEI Number: 13-3390665****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GOTTLIEB, KAREN S
6524 SW 61ST TERRACE
SOUTH MIAMI, FL 33143 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MOR, GIL MD, PHD
Address	333 CEDAR STREET, DEPARTMENT OF OB/GYN
City-State-Zip:	NEW HAVEN CT 06520

Title	VP
Name	LI, DAJIN MD, PHD
Address	413 ZHAOZHOU ROAD
City-State-Zip:	SHANGHAI CN 20001-1

Title	T
Name	RACICOT, KAREN PHD
Address	400 MONROE AVENUE NW
City-State-Zip:	GRAND RAPIDS MI 49503

Title	S
Name	TAYADE, CHANDRAKANT PHD
Address	18 STUART STREET, BOTTERELL HAL RM 916
City-State-Zip:	KINGSTON ON K7L3N-6

Title	DIR
Name	GOTTLIEB, KAREN S
Address	6524 SW 61ST TERRACE
City-State-Zip:	MIAMI FL 33143

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: KAREN GOTTLIEB**EXEC DIRECTOR****01/08/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date