

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000009119

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**7912185926CC**

**Entity Name:** AMERICAN SOCIETY FOR REPRODUCTIVE IMMUNOLOGY, INC.

**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**

**02/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date