

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000009119

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

**FILED**  
**Jan 26, 2022**  
**Secretary of State**  
**8921334114CC**

**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 BURD, IRINA MD, PHD  
Address JOHNS HOPKINS MEDICAL INSTITUTE  
600 N. WOLFE STREET PHIPPS 228  
OB/GYN  
City-State-Zip: BALTIMORE MD 21287

Title T  
Name ZENCLUSSEN, ANA PHD  
Address HELMHOLTZ CENTRE FOR  
ENVIRONMENTAL RESEARCH  
PERMOSERSTR. 15 ENVIRONMENTAL  
IMMUNOLOGY  
City-State-Zip: LEIPZIG 04318

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

Title SECRETARY  
Name MYSOREKAR, INDIRA  
Address BAYLOR COLLEGE OF MEDICINE  
4817 LINDEN STREET MEDICINE,  
SECTION FOR INFECTIOUS  
DISEASES  
City-State-Zip: BELLAIRE TX 77401

*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**

**01/26/2022**

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

\_\_\_\_\_  
Date