#### 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H60345

Entity Name: CENTER FOR REPRODUCTIVE MEDICINE, P.A.

FILED
Mar 03, 2014
Secretary of State
CC3807509080

# **Current Principal Place of Business:**

3435 PINEHURST AVE. ORLANDO. FL 32804

### **Current Mailing Address:**

3435 PINEHURST AVE. ORLANDO, FL 32804

FEI Number: 59-2542546 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DEVANE, GARY WMD 3435 PINEHURST AVE. ORLANDO, FL 32804 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 PD Title VP

NameDEVANE, GARY W.NameLOY, RANDALL AAddress1035 LAKEVIEW DRAddress3435 PINEHURST AVECity-State-Zip:WINTER PARK FL 32789City-State-Zip:ORLANDO FL 32804

Title ST

Name JAFFE, SHARON B
Address 3435 PINEHURST AVE
City-State-Zip: ORLANDO FL 32804

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY W DEVANE

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/03/2014