above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

### 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000002011

Entity Name: FERTILITY ASSOCIATES OF MIAMI, P.A.

## **Current Principal Place of Business:**

8950 N. KENDALL DRIVE SUITE #103 MIAMI, FL 33176

### **Current Mailing Address:**

8950 N. KENDALL DRIVE SUITE #103 MIAMI, FL 33176

### FEI Number: 65-0973039

#### Name and Address of Current Registered Agent:

AMADO, MARIA ELENA 8950 N. KENDALL DRIVE **SUITE #103** MIAMI, FL 33176 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

#### **Officer/Director Detail :**

Title	MGR	Title	MGR
Name	JACOBS, MICHAEL H	Name	AKERMAN, FERNANDO M
Address	8950 NORTH KENDALL #103	Address	8950 N KENDALL DR #103
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

SIGNATURE: MICHAEL H. JACOBS PRESIDENT

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

Apr 15, 2013 Secretary of State CC4382938512

Date

FILED

Certificate of Status Desired: No

04/15/2013

Date