above, or on an attachment with all other like empowered. SIGNATURE: JACOB L GLOCK MD / PRESIDENT

Electronic Signature of Registered Agent

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:

## **Officer/Director Detail :**

Title	DR
Name	GLOCK, JACOB L
Address	526 N YACHTSMAN DR
City-State-Zip:	SANIBEL FL 33957

DOCUMENT# P00000029925

Entity Name: SOUTHWEST FLORIDA FERTILITY CENTER, P.A.

**Current Principal Place of Business:** 

15730 NEW HAMPSHIRE COURT SUITE 101 FORT MYERS, FL 33908

#### **Current Mailing Address:**

**15730 NEW HAMPSHIRE COURT** SUITE 101 FORT MYERS, FL 33908

#### FEI Number: 65-0996839

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

GLOCK, JACOB DR. 15730 NEW HAMPSHIRE COURT SUITE 101 FORT MYERS, FL 33908 US

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

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

CC4127031149

Date

04/21/2014 Date

# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### FILED Apr 21, 2014 Secretary of State