

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

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

**Certificate of Status Desired:** Yes

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

GLOCK, JACOB DR.  
15730 NEW HAMPSHIRE COURT  
SUITE 101  
FORT MYERS, FL 33908 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 DR  
Name GLOCK, JACOB L  
Address 292 PRIMO DR  
City-State-Zip: FT MYERS BEACH FL 33931

*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:** JACOB L GLOCK MD

**PRESIDENT**

**07/03/2017**

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

\_\_\_\_\_  
Date