

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000073252

**Entity Name:** FERTILITY CENTER AND APPLIED GENETICS OF FLORIDA, INC.

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC2177617912**

**Current Principal Place of Business:**

6050 CATTLERIDGE BLVD.  
SUITE 103  
SARASOTA, FL 34232

**Current Mailing Address:**

6050 CATTLERIDGE BLVD.  
SUITE 103  
SARASOTA, FL 34232 US

**FEI Number:** 65-0950370

**Certificate of Status Desired:** No

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

PABON, VERNEDA  
6050 CATTLERIDGE BLVD  
SUITE 103  
SARASOTA, FL 34232 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 MD  
Name PABON, JULIO EMD  
Address 6050 CATTLERIDGE BLVD., #103  
City-State-Zip: SARASOTA FL 34232

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:** JULIO PABON

**DIRECTOR**

**04/27/2016**

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

\_\_\_\_\_  
Date