Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S24432

Entity Name: FERTILITY & IVF CENTER OF MIAMI, INC.

Current Principal Place of Business:

8950 NO. KENDALL DR. STE. 103 MIAMI, FL 33176

Current Mailing Address:

8950 NO. KENDALL DR. STE. 103 MIAMI, FL 33176

FEI Number: 65-0236322

City-State-Zip: MIAMI FL 33176

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

AMADO, MARIA ELENA 8950 NO. KENDALL DR. STE. 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:

Officer/Director Detail : Title MGR Title MGR JACOBS, MICHAEL H Name Name AKERMAN, FERNANDO M 8950 N. KENDALL DR. #103 Address 8950 N KENDALL DR #103 Address

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.

Date

Certificate of Status Desired: No

MIAMI FL 33176

City-State-Zip:

01/19/2017 MANAGER Date

FILED Jan 19, 2017 Secretary of State CC5649967458