

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # F02697

1. Entity Name FERTILITY INSTITUTE OF SOUTH FLORIDA, INC.

02 AUG 19 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

900007286199--1  
-08/22/02--01042--024  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2825 N. State Road #7

3. Mailing Address  
Same

Suite, Apt. #, etc.  
Suite 302

Suite, Apt. #, etc.

City & State  
Margate, FL

City & State

4. FEI Number  
59-2026426

Applied For  
Not Applicable

Zip  
33063

Country  
Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 7. Name and Address of Current Registered Agent

Name  
Richard H. Breit

Street Address (P.O. Box Number is Not Acceptable)  
150 N. University Dr., Suite 200

City  
Plantation

FL

Zip Code  
33324

DO NOT WRITE  
IN THIS SPACE

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/7/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STEVEN Ory  
STREET ADDRESS  
2825 N. State Road 7, Suite 302  
CITY - ST - ZIP  
Margate, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
VP, D  
Wayne Maxson  
STREET ADDRESS  
2825 N. State Road 7  
CITY - ST - ZIP  
Margate, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
S.T. D  
David Hoffman  
STREET ADDRESS  
2825 N. State Road 7  
CITY - ST - ZIP  
Margate, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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DO NOT WRITE  
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/02

Date

954 2426200

Daytime Phone #

9/1/02

Law Offices

# BREITGROSSMAN

A partnership of professional associations

*Attachment  
# F02697*

August 9, 2002

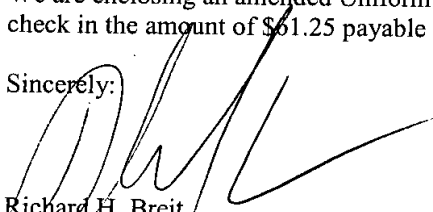
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Fertility Institute of South Florida, Inc.

Dear Sirs:

We are enclosing an amended Uniform Business Report for the above company as well as a check in the amount of \$61.25 payable to Department of State for the filing fee.

Sincerely:

  
Richard H. Breit  
For the Firm  
RHB/em  
Enclosure  
cc: NCIRE