

# **2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# G58474

**FILED**  
**Oct 21, 2004**  
**Secretary of State**

**Entity Name:** FERTILITY INSTITUTE OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

INC./ % ROBERT C. PYLE, M.D.  
1110 GULF BREEZE PKWY., SUITE #202  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

INC./ % ROBERT C. PYLE, M.D.  
1110 GULF BREEZE PKWY., SUITE #202  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:** 59-2335770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PYLE, ROBERT C., M.D.  
1110 GULF BREEZE PKWY. #202  
GULF BREEZE, FL 32561 US

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

INC.%ROBERT C. PYLE, MD  
1110 GULF BREEZE PKWY. #202  
GULF BREEZE, FL 32561 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: ROBERT C. PYLE, MD

10/21/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PYLE, ROBERT C., M.D., .  
Address: 1110 GULF BREEZE PKWY.  
City-St-Zip: GULF BREEZE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: FERTILITY INSTITUTE, OF NW FL, INC  
Address: 1110 GULF BREEZE PKWY.  
City-St-Zip: GULF BREEZE, FL 32561 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT C. PYLE, MD

DP

10/21/2004

Electronic Signature of Signing Officer or Director

Date