

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000774

1. Entity Name
SOUTHEASTERN REPRODUCTIVE ENDOCRINOLOGY ASSOCIAT

Principal Place of Business

2919 SWANN AVENUE
SUITE 305
TAMPA FL 33609

Mailing Address

2919 SWANN AVENUE
SUITE 305
TAMPA FL 33609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

AUERBACH, MARC H
201 S. BISCAYNE BLVD., #2000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME DEVANE, GARY W M.D.
STREET ADDRESS 3435 PINEHURST AVENUE
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE MGR
NAME VERKAUF, BARRY S M.D.
STREET ADDRESS 2919 SWANN AVENUE, SUITE 305
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE MGR
NAME MAXSON, WAYNE S M.D.
STREET ADDRESS 2825 NORTH STATE ROAD, SUITE 302
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700003662767-0
-02/09/01--01012--004
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVED
AND
FILED
01 FEB -2 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)