

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 1.96000000774

1. Entity Name

**SOUTHEASTERN REPRODUCTIVE ENDOCRINOLOGY
ASSOCIATES, L.C.**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1691836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1100000347617
CITY- ST- ZIP 04/30/05-80122-017 50.00

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

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

11. 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 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: U

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

Date

Daytime Phone #

2-14-05

954 247-6247