

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90031 003 ****61.25

DOCUMENT # N00000004429

1. Entity Name
**FLORIDA SOCIETY OF REPRODUCTIVE
ENDOCRINOLOGY AND INFERTILITY, INC.**



Principal Place of Business

2825 N. STATE RD. 7, SUITE 302
MARGATE, FL 33063
2960

Mailing Address

2825 N. STATE RD. 7, SUITE 302 300
MARGATE, FL 33063
2960

50003796



01122005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1465796

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MAXSON, WAYNE S
2825 N. STATE RD. 7, SUITE 302
MARGATE, FL 33063

2960 N STATE RD 7, SUITE 300
MARGATE FL 33063

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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. 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

1/12/05

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YEKO, TIMOTHY
4 COLUMBIA DR.
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAXSON, WAYNE S
2825 N. STATE RD. 7, SUITE 302
MARGATE, FL 33063

2960 N. STATE RD 7
SUITE 300
MARGATE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHAYKH, MARWAN M
784 BLANDING BLVD., SUITE 108
ORANGE PARK, FL 32065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RIGGALL, FRANK C
23 W. COPELAND DR.
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, R. STAN
P. O. BOX 100294
GAINESVILLE, FL 32610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/05