

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000004429**

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



Principal Place of Business  
**2960 STATE RD 7  
STE 300  
POMPANO BEACH, FL 33063**

Mailing Address  
**2960 STATE RD 7  
STE 300  
POMPANO BEACH, FL 33063**



01052007 No Chg-NP

CR2E037 (4/06)

**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  
2960 STATE RD 7  
STE 300  
MARGATE, FL 33063**

**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. 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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 2960 STATE RD 7 STE 300 MARGATE, FL 33063
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	D HOFFMAN, DAVID I 2960 N. STATE RD. 7, SUITE 300 MARGATE, FL 33063

000000590814  
01/18/07-80070-025 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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