2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N00000004429 FILED 08 NOV -3 PH 4:53 FLORIDA SOCIETY OF REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY, INC. SECRETARY A STATE Mailing Address Principal Place of Business 2960 STATE RD 7 2960 STATE RD 7 STE 300 **STE 300** POMPANO BEACH, FL 33063 POMPANO BEACH, FL 33063 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 62-1465796 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAXSON, WAYNE S Street Address (P.O. Box Number is Not Acceptable) 2960 STATE RD 7 **STE 300** MARGATE, FL 33063 Zip Code City FL 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 agent and title if applicable. Signature, typed or printed (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! (FEE IS \$236.25 Make check payable to After January 1, 2009, Fee will be \$297.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Addition □ Detete TITLE YEKO, TIMOTHY NAME NAME 100137568861 STREET ADORESS STREET ADDRESS 4 COLUMBIA DR. 11/03/08--01047--001 ******236.25 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33606 ☐ Change D □ Delete TITLE ☐ Addition MAXSON, WAYNE S NAME NAME STREET ADDRESS 2960 STATE RD 7 STE 300 STREET ADDRESS MARGATE, FL 33063 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE SHAYKH, MARWAN M NAME NAME 784 BLANDING BLVD., SUITE 108 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP ORANGE PARK, FL 32065 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE RIGGALL, FRANK C NAME NAME 23 W. COPELAND DR. STREET ADORESS STREET ADDRESS ORLANDO, FL 32806 CITY-ST-ZIP CITY - ST-71P Delete ☐ Change ☐ Addition TITLE WILLIAMS, R. STAN NAME NAME P. O. BOX 100294 STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32610 CITY-ST-ZIP CITY +ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition HOFFMAN, DAVID I NAME NAME 2960 N. STATE RD. 7, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP MARGATE, FL 33063 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied that 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 fustee 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.