2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004429

FILED Mar 16, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2960 STATE RD 7 STE 300

POMPANO BEACH, FL 33063

Current Mailing Address: New Mailing Address:

2960 STATE RD 7 STE 300

POMPANO BEACH, FL 33063

FEI Number: 62-1465796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAXSON, WAYNE S 2960 STATE RD 7 STE 300

MARGATE, FL 33063 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: YEKO, TIMOTHY Address: 4 COLUMBIA DR. City-St-Zip: TAMPA, FL 33606

Title: D

 Name:
 MAXSON, WAYNE S

 Address:
 2960 STATE RD 7 STE 300

 City-St-Zip:
 MARGATE, FL 33063

Title:

Name: SHAYKH, MARWAN M

Address: 784 BLANDING BLVD., SUITE 108 City-St-Zip: ORANGE PARK, FL 32065

Title:

Name: RIGGALL, FRANK C Address: 23 W. COPELAND DR. City-St-Zip: ORLANDO, FL 32806

Title:

 Name:
 WILLIAMS, R. STAN

 Address:
 P. O. BOX 100294

 City-St-Zip:
 GAINESVILLE, FL 32610

Title:

Name: HOFFMAN, DAVID I

Address: 2960 N. STATE RD. 7, SUITE 300

City-St-Zip: MARGATE, FL 33063

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WAYNE S. MAXSON DR. 03/16/2010