

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20384

FILED  
Jan 28, 2004  
Secretary of State

Entity Name: FERTILITYCARE SERVICES OF TAMPA BAY, INC.

**Current Principal Place of Business:**

ST. LAWRENCE CATHOLIC CHURCH  
5221 HIMES AVE. N  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

% JOHN J. WERMUTH III.  
5200 INTERBAY BOULEVARD  
TAMPA, FL 33611

**New Mailing Address:**

FEI Number: 59-2830636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WERMUTH, JOHN J., III  
5200 INTERBAY BOULEVARD  
TAMPA, FL 33611      US

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

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: PVD ( ) Delete  
Name: WERMUTH, JOHN J., III,  
Address: 5200 INTERBAY BLVD.  
City-St-Zip: TAMPA, FL 33611

Title: STD ( ) Delete  
Name: WERMUTH, PATRICIA,  
Address: 5200 INTERBAY BLVD.  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: HASKINS, NUALA  
Address: 11704 SYCAMORE PLACE  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: HASKINS, JAMES  
Address: 11704 SYCAMORE PLACE  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN J. WERMUTH III

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01/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date