

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20384

FILED
Mar 30, 2005
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

PVD

03/30/2005

Electronic Signature of Signing Officer or Director

Date