2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N20384

FILED Jan 11, 2010 Secretary of State

Entity Name: FERTILITYCARE SERVICES OF TAMPA BAY, INC.

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

ST. LAWRENCE CATHOLIC CHURCH 705 N EVERS ST

5221 HIMES AVE. N PLANT CITY, FL 33563

TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

P.O. BOX 13501 705 N EVERS ST

PLANT CITY, FL 33563 TAMPA, FL 336813501

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CHAMBLISS, LISA ZARYCKI, ELIZABETH 2802 W PRIĆE AVE 705 N EVERS ST

TAMPA, FL 33611 US PLANT CITY, FL 33563 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: ELIZABETH ZARYCKI

01/11/2010 Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ZARYCKI, ELIZABETH Name: Address: 705 N EVERS ST City-St-Zip: PLANT CITY, FL 33563

Title: MR

Name: MACKENZIE, KEN Address: 5111 TARI STREAM WAY City-St-Zip: BRANDON, FL 33511

Title: MR

LARAMEE, TOM Name: Address: 2810 GLORIA CT City-St-Zip: CLEARWATER, FL 33761

Title: MRS

Name: BAUDOIN, JONI 5720 HAWKPARK BLVD Address: City-St-Zip: LITHIA, FL 33547

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: ELIZABETH ZARYCKI PD 01/11/2010