

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20384

FILED  
Mar 31, 2012  
Secretary of State

**Entity Name:** FERTILITYCARE SERVICES OF TAMPA BAY, INC.

**Current Principal Place of Business:**

705 N EVERS ST  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

705 N EVERS ST  
PLANT CITY, FL 33563

**New Mailing Address:**

P.O. BOX 172311  
TAMPA, FL 33672 US

**FEI Number:** 59-2830636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

**Title:** MR.  
**Name:** ZARYCKI, STEPHEN A  
**Address:** 705 N EVERS ST.  
**City-St-Zip:** PLANT CITY, FL 33563 US

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

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

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

MRS.

03/31/2012

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

\_\_\_\_\_  
Date