


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90222 004 ***150.00

DOCUMENT # P00000080734
1. Entity Name
EMBRYO TRANSFER, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc. **8541 SW 27th AVE**
City & State **OCALA, FLORIDA**
Zip **34476** Country **MARION**

3. Mailing Address
Suite, Apt. #, etc. **8541 SW 27th AVE**
City & State **OCALA, FLORIDA**
Zip **34476** Country **MARION**

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4. FEI Number **66-1036350**

5. Certificate of Status Desired **\$8.75 Additional Fee: Required**

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7. Name and Address of Current Registered Agent

Name **GABRIEL J. TORO**
Street Address (P.O. Box Number is Not Acceptable)
8541 SW 27th AVE
City **OCALA** State **FL** Zip Code **34476**

I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of a registered agent.

SIGNATURE Signature, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	D	TITLE	
NAME	TORO GABRIEL J	NAME	
STREET ADDRESS	8541 SW 27th AVE	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FLORIDA 34476	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/12/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034B (12/02)