

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90172 005 ***158.75

DOCUMENT # P03000071585					
1. Entity Name RMG IVF/SURGERY CENTER, INC.					
Principal Place of Business 5249 EAST FLETCHER TAMPA, FL 33617			Mailing Address 5249 EAST FLETCHER TAMPA, FL 33617		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 15-3121216	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VERKAUF, BARRY S M.D. 2919 SWANN AVE STE 305 TAMPA, FL 33609			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VERKAUF, BARRY S MD		NAME		
STREET ADDRESS	2919 SWANN AVE STE 305		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNHISEL, MARC A MD		NAME		
STREET ADDRESS	2919 SWANN AVE STE 305		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TARANTINO, SAMUEL MD		NAME		
STREET ADDRESS	2919 SWANN AVE STE 305		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODMAN, SANDRA B MD		NAME		
STREET ADDRESS	2919 SWANN AVE STE 305		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YEKO, TIMOTHY R MD		NAME		
STREET ADDRESS	2919 SWANN AVE STE 305		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 4/22/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		
Samuel Tarantino, MD					

J400000000



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