2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2012
Secretary of State

DOCUMENT# P03000071585

Entity Name: RMG IVF/SURGERY CENTER, INC.

Current Principal Place of Business:

5249 EAST FLETCHER
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

5249 EAST FLETCHER
TAMPA, FL 33617

New Mailing Address:

FEI Number: 75-3121216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TARANTINO, MD, SAMUEL
5249 E FLETCHER AVE
SUITE 1
TAMPA, FL 33617 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: D
Name: BERNHISEL, MARC A MD
Address: 5249 E FLETCHER AVE
City-St-Zip: TAMPA, FL 33617 US

Title: P
Name: TARANTINO, SAMUEL MD
Address: 5249 E FLETCHER AVE
City-St-Zip: TAMPA, FL 33617 US

Title: ST
Name: GOODMAN, SANDRA B MD
Address: 5249 E FLETCHER AVE
City-St-Zip: TAMPA, FL 33617 US

Title: VD
Name: YEKO, TIMOTHY R MD
Address: 5249 E FLETCHER AVE
City-St-Zip: TAMPA, FL 33617 US

Title: D
Name: MCCORMICK, BETSY A
Address: 5249 E FLETCHER AVE
City-St-Zip: TAMPA, FL 33617 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL TARANTINO P 01/24/2012

Electronic Signature of Signing Officer or Director — Date