2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096574

City-St-Zip:

JACKSONVILLE, FL 322164256 US

Entity Name: NORTH FLORIDA REPRODUCTIVE BIOLOGY LAB, INC.

FILED Mar 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3627 UNIVERSITY BLVD S 3627 UNIVERSITY BLVD S SUITE 200 SUITE 200 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 US New Mailing Address: **Current Mailing Address:** 3627 UNIVERSITY BLVD S 3627 UNIVERSITY BLVD S SUITE 200 SUITE 200 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 US FEI Number: 20-0238121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOX, MICHAEL D MD 3627 UNIVERSITY BLVD S SUITE 200 JACKSONVILLE, FL 32216 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FOX, MICHAEL D MD Name: Name: 3627 UNIVERSITY BLVD S SUITE 200 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL D FOX, MD DR 03/17/2005