2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# P03000096574

Entity Name: NORTH FLORIDA REPRODUCTIVE BIOLOGY LAB, INC.

Current Principal Place of Business:

3627 UNIVERSITY BLVD S
SUITE 200
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

3627 UNIVERSITY BLVD S
SUITE 200
JACKSONVILLE, FL 322164256 US

Current Mailing Address:

3627 UNIVERSITY BLVD S
SUITE 200
JACKSONVILLE, FL 32216 US

New Mailing Address:

3627 UNIVERSITY BLVD S
SUITE 200
JACKSONVILLE, FL 322164256 US

FEI Number: 20-0238121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOX, MICHAEL D MD
3627 UNIVERSITY BLVD S
SUITE 200
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

FOX, MICHAEL D MD
3627 UNIVERSITY BLVD S
SUITE 200
JACKSONVILLE, FL 322164256 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: 03/09/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: FOX, MICHAEL D MD
Address: 3627 UNIVERSITY BLVD S SUITE 200
City-St-Zip: JACKSONVILLE, FL 322164256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 03/09/2007
Electronic Signature of Signing Officer or Director Date