2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
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 322164256 US

New Principal Place of Business:

7051 SOUTHPOINT PARKWAY
SUITE 200
JACKSONVILLE, FL 322168709 US

Current Mailing Address:

3627 UNIVERSITY BLVD S
SUITE 200
JACKSONVILLE, FL 322164256 US

New Mailing Address:

7051 SOUTHPOINT PARKWAY
SUITE 200
JACKSONVILLE, FL 322168709 US

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

Name and Address of Current Registered Agent:

FOX, MICHAEL D MD
3627 UNIVERSITY BLVD S
SUITE 200
JACKSONVILLE, FL 322164256 US

Name and Address of New Registered Agent:

FOX, MICHAEL D MD
7051 SOUTHPOINT PARKWAY
SUITE 200
JACKSONVILLE, FL 322168709 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: 04/02/2008
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: DR (X) Change ( ) Addition
Name: FOX, MICHAEL D MD
Address: 7051 SOUTHPOINT PARKWAY SUITE 200
City-St-Zip: JACKSONVILLE, FL 322168709 US

I hereby certify that the information supplied with this filing does not qualify 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 04/02/2008
Electronic Signature of Signing Officer or Director — Date