

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90081 025 \*\*\*150.00

|                                                              |                                                                                   |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000095072</b>                               |  |
| 1. Entity Name<br><b>PALMETTO FERTILITY LABORATORY, INC.</b> |                                                                                   |

|                                                                                                                               |                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>C/O WILLIAM J. SPRATT, JR., ESQ.<br/>201 S BISCAYNE BLVD SUITE 2000<br/>MIAMI, FL 33131</b> | Mailing Address<br><b>C/O WILLIAM J. SPRATT, JR., ESQ.<br/>201 S BISCAYNE BLVD SUITE 2000<br/>MIAMI, FL 33131</b> |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

40046604



|                                                                                         |                       |                     |         |
|-----------------------------------------------------------------------------------------|-----------------------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box #<br><b>7100 W. 20<sup>th</sup> AVENUE</b> |                       | 3. Mailing Address  |         |
| Suite, Apt. #, etc.<br><b>SUITE 205</b>                                                 |                       | Suite, Apt. #, etc. |         |
| City & State<br><b>MIAMI, FLORIDA</b>                                                   |                       | City & State        |         |
| Zip<br><b>33016</b>                                                                     | Country<br><b>USA</b> | Zip                 | Country |

02052007 Chg-P CR2E034 (12/06)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-1295710</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                                               |  |                                                   |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent<br><b>SPRATT, WILLIAM J JR ESQ<br/>201 S BISCAYNE BLVD<br/>SUITE 2000<br/>MIAMI, FL 33131</b> |  | 7. Name and Address of New Registered Agent       |          |
| Name                                                                                                                                          |  | Name                                              |          |
| Street Address (P O Box Number is Not Acceptable)                                                                                             |  | Street Address (P O Box Number is Not Acceptable) |          |
| City                                                                                                                                          |  | City                                              | Zip Code |
|                                                                                                                                               |  | <b>FL</b>                                         |          |

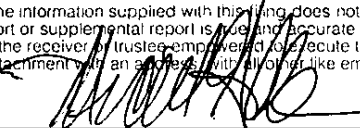
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                                                                 |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GRAUBERT, MICHAEL MD</b><br><b>7100 W 20TH AVE SUITE 206</b><br><b>HIALEAH, FL 33016</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DPST</b><br><b>GRAUBERT, MICHAEL, M.D.</b><br><b>7100 W. 20<sup>th</sup> AVENUE, SUITE 205</b><br><b>HIALEAH, FLORIDA 33016</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                               |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **Michael Graubert** 3/16/07 3055580888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #