

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046678

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** BROWN FERTILITY ASSOCIATES, P.A.

**Current Principal Place of Business:**

14537 MARSH VIEW DR.  
JACKSONVILLE, FL 32250 US

**New Principal Place of Business:**

14810 OLD ST. AUGUSTINE ROAD  
STE. 201  
JACKSONVILLE, FL 32258 US

**Current Mailing Address:**

14537 MARSH VIEW DR.  
JACKSONVILLE, FL 32250 US

**New Mailing Address:**

FEI Number: 20-8832347      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, SAMUEL E  
14537 MARSH VIEW DR  
JACKSONVILLE, FL 32250 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROWN, SAMUEL E  
Address: 14537 MARSH VIEW DR  
City-St-Zip: JACKSONVILLE, FL 32250

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 BROWN MD

PRES

01/19/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date