2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046678

Entity Name: BROWN FERTILITY ASSOCIATES, P.A.

FILED Feb 19, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|-------------------------|---|-----------------------------------|
| 14810 OLD ST. AUGUSTINE STE 201 | ROAD | | |
| JACKSONVILLE, FL 32258 | US | | |
| Current Mailing Address: | | New Mailing Address: | |
| 14537 MARSH VIEW DR. JACKSONVILLE, FL 32250 | US | | |
| FEI Number: 20-8832347 FI | El 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: | |
| BROWN, SAMUEL E 14537 MARSH VIEW DR JACKSONVILLE, FL 32250 | 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 | | ent | Date |
| | | | |

OFFICERS AND DIRECTORS:

Title:

 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 PRES 02/19/2011