

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000008790

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** THE REPRODUCTIVE MEDICINE GROUP, P.A.

**Current Principal Place of Business:**

5245 E FLETCHER AVE  
STE 1  
TAMPA, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

5245 E FLETCHER AVE  
STE 1  
TAMPA, FL 33617 US

**New Mailing Address:**

**FEI Number:** 59-3172722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TARANTINO, SAMUEL  
5245 E FLETCHER AVE STE 1  
TAMPA, FL 33617 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

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: TARANTINO, SAMUEL  
Address: 5245 E FLETCHER AVE #1  
City-St-Zip: TAMPA, FL 33617

Title: VP  
Name: GOODMAN, SANDRA B  
Address: 5245 E FLETCHER AVE #1  
City-St-Zip: TAMPA, FL 33617

Title: DST  
Name: BERNHISEL, MARC A  
Address: 5245 E FLETCHER AVE #1  
City-St-Zip: TAMPA, FL 33617

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 TARANTINO, MD

PRES

01/25/2011

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

\_\_\_\_\_  
Date