2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 14, 2012
Secretary of State

DOCUMENT# P93000008790

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

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

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

Title: DVP
Name: YEKO, TIMOTHY R
Address: 5245 E FLETCHER AVE #1
City-St-Zip: TAMPA, FL 33617 US

Title: DVP
Name: MCCORMICK, BETSY A
Address: 5245 E FLETCHER AVE #1
City-St-Zip: TAMPA, FL 33617 US

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 DP 02/14/2012

Electronic Signature of Signing Officer or Director Date