

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90554 024 ***150.00

DOCUMENT # P93000037881

1. Entity Name
CENTER FOR ADVANCED REPRODUCTIVE
ENDOCRINOLOGY, P.A.



Principal Place of Business Mailing Address

~~3200 S. UNIVERSITY DR~~ 3200 S. UNIVERSITY DR
~~SUITE 4372~~ SUITE 4372
~~FORT LAUDERDALE, FL 33328~~ FORT LAUDERDALE, FL 33328

20035777

2. Principal Place of Business 3. Mailing Address

201 N. Pine Island Road 3111 N University Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
720

City & State City & State

Plantation, Florida Coral Springs, Florida

Zip Country Zip Country

33324 US 33065 US



03052005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0410436 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ABAE, MICK MD 3200 S. UNIVERSITY DR 201 N Pine Island Road SUITE 4372 Plantation, Florida 33324 FORT LAUDERDALE, FL 33328		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABAE, MICK MD 3200 S. UNIVERSITY DR 4372 FORT LAUDERDALE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 N. Pine Island Road Plantation, Florida 33324 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dr. Mick Abae Date: 4/8/05 Daytime Phone: 954-584-2273