

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000037881

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** CENTER FOR ADVANCED REPRODUCTIVE ENDOCRINOLOGY, P.A.

**Current Principal Place of Business:**

201 N PINE ISLAND RD  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

3111 N UNIVERSITY DR  
720  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

210 UNIVERSITY DRIVE  
302  
CORAL SPRINGS, FL 33071

**FEI Number:** 65-0410436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABAE, MICK MD  
201 N PINE ISLAND RD  
PLANTATION, FL 33324 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: D  
Name: ABAE, MICK MD  
Address: 201 N PINE ISLAND RD  
City-St-Zip: PLANTATION, FL 33324

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: MICK ABAE

D

02/08/2012

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

\_\_\_\_\_  
Date