FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1998 8:00am

Secretary of State

שור על אות

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079826 (0)

POSITIVE OPTIONS FOR INFERTILITY AND ADOPTION, I

NC.					
Principal Plac	ce of Business	Mailing Address			0111 09110 10010 101E1 131E4 1101E 8511 180E
6851 WILE	S RD.	8851 WILES RD.		ļ	
STE. 108 STE. 108 CORAL SPRINGS FL 33068 CORAL SPRINGS FL 3		68	DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
US US			••	3. Date incorporated or Qualified	
				10/18/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite. Apt.	# ato	Suite, Apt. #, etc.		65-0619777	Not Applicable
22 1164	T) 2484 W/ 1/2	27 11644 1060	18th CT.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	alspings FLA	City & State 28 Com Sur	At, com	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	DIG 25 USA	29 Zip 3330/6 13	io USA	8. This corporation owes or has paid Personal Property Tax due June 3	, III
	9, Name and Address of Current	10. Name and Address of New Reg	jistered Agent		
l	JP SO N, SAUL B		81 Name	Richard Remu	
	1515 UNIVERSITY DRIVE STE 222		82 Street	Address (P.O. Box Number is Not Acceptable	e)
· ·	CORAL SPRINGS FL		83	644 NO 48+ CT	
			84 City	Cosa tourne	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE LICHAR BURNE					
<u> </u>	Signature, typed or printed name of Argistered ag F1 OFFICERS AND	and liste if applicable (NOTE F		required when reinstating)	DATE.
12.	DP OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	BRODY, DENISE	had been to	1.2 NAME		Concession - Concession
STREET ADDRESS	8851 WILES ROAD STE 108		1.3 STREET ADDRESS	11644 And 48th or	- -
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	COIDEMINES FIA 33	200
TITLE	\$	☐ DELETE	2.1 TITLE	6 0	Change Addition
NAME	BRADY, RICHARD		2.2 NAME	BROOM, RIGHARA	
STREET ADDRESS	8851 WILES RD., #108		2.3 STREET ADDRESS	11644 NW48 DCTL	· ^>d~
CITY-ST-ZIP	COARL SPRINGS FL	Driete	2. 4 CITY - ST - ZIP	Cora springo +4	(200)
TITLE		☐ DELETE	3.1 TITLE	` "	☐ Change ☐ Addition
NAME Street adoress			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	·		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	:		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP		Change Addition
NAME			6.1 TITLE 6.2 NAME		C Guange C Addition
STREET ADDRESS			6.3 STREET ADDRESS		
AUGEL VOCUESS			0.0 STREET MUDICSS		

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