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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000081859 (7)

BOCA RATON CENTER FOR ASSISTED REPRODUCTION
AND SURROGACY, INC.

Principal Place of Business Mailing Address
370 WEST CAMINO GARDENS BLVD.
SUITE 210
BOCA RATON, FL 33432

3. Date Incorporated or Qualified 10/20/95 3a. Date of Last Report 8/8/96

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 5. Certificate of Status Desired ☐ 6. Election Campaign Financing Trust Fund Contribution ☐ 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	Applied For ☒ Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

DANCIU, CHARLOTTE H
370 WEST CAMINO GARDENS BLVD.
SUITE 210
BOCA RATON, FL 33432

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Charlotte H. Danciu* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DANCIU, CHARLOTTE H ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	370 W. CAMINO GARDENS BLVD.	1.2 NAME	
STREET ADDRESS	SUITE 210	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	1.4 CITY-ST-ZIP	
TITLE D	HAUSMANN, MICHELLE M ☐ DELETE	2.1 TITLE	
NAME	370 W. CAMINO GARDENS BLVD.	2.2 NAME	
STREET ADDRESS	SUITE 210	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		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		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charlotte H. Danciu* 6/16/97 561-392-5445

CR2E034 (9/96)