2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# P97000047594

Entity Name: ADVANCED REPRODUCTIVE CARE CENTER, P.A.

Current Principal Place of Business:

10301 HAGEN RANCH RD., STE 6
SUITE 6
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 741115
BOYNTON BEACH, FL 334741115

New Mailing Address:

P.O. BOX 480185
DELRAY BEACH, FL 334480185 US

FEI Number: 65-0760072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLCZ, TIBOR E M.D.
10301 HAGEN RANCH RD., STE 6
BOYNTON BEACH, FL 33437 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POLCZ, TIBOR E M.D.
Address: 10301 HAGEN RANCH RD., STE 6
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIBOR E POLCZ P 04/29/2007

Electronic Signature of Signing Officer or Director — Date