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Secretary of State

04-30-1999 90006 042 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050728

1. Corporation Name

PALMETTO FERTILITY CENTER OF SOUTH FLORIDA, INC.

Principal Place of Business

100 SE 2ND STREET
28TH FLOOR
MIAMI FL 33131

Mailing Address

100 SE 2ND STREET
28TH FLOOR
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1997

4. FEI Number

65-0768307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2015 Biscayne Blvd.
Suite, Apt. #, etc.

22 Suite # 2000

City & State

23 Miami, Florida

Zip

24 33131

Country

25 USA

2a. Mailing Address

201 Biscayne Blvd.
Suite, Apt. #, etc.

27 Suite # 2000

City & State

28 Miami, Florida

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

KFG&S REGISTERED AGENTS CORPORATION

100 SE 2ND STREET

28TH FLOOR

MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

William J. Spratt, Jr., Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

2015 Biscayne Blvd.

83 # 2000

84 City

Miami

FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME BRAUBERT, MICHAEL MD
STREET ADDRESS 2664 EDGEWATER DRIVE
CITY-ST-ZIP WESTIN FL 33332

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Graubert, Michael
7100 W. 20th Ave. #205
Hialeah, FL 33016

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 305.5581-0808

Date

Daytime Phone #

CR2E034 (11/98)