


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90081 024 \*\*\*150.00

<b>DOCUMENT # P97000050728</b> 1. Entity Name <b>PALMETTO FERTILITY CENTER OF SOUTH FLORIDA, INC.</b>						
Principal Place of Business <b>C/O WILLIAM J. SPRATT, JR</b> <b>201 S. BISCAYNE BLVD, STE 2000</b> <b>MIAMI, FL 33131 US</b>			Mailing Address <b>C/O WILLIAM J. SPRATT, JR</b> <b>201 S. BISCAYNE BLVD, STE 2000</b> <b>MIAMI, FL 33131 US</b>			
2. Principal Place of Business - No P.O. Box # <b>7100 W. 20<sup>th</sup> AVENUE</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE 205</b>				
City & State <b>MIAMI, FLORIDA</b>		City & State City & State		4. FEI Number <b>65-0768307</b>		
Zip <b>33016</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SPRATT, WILLIAM J JR, ESQ</b> <b>201 S. BISCAYNE BLVD</b> <b>#2000</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GRAUBERT, MICHAEL 7100 W 20TH AVE #205 HIALEAH, FL 33016		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GRAUBERT, MICHAEL, M.D. 7100 W. 20 <sup>TH</sup> AVENUE, SUITE 205 HIALEAH, FLORIDA 33016	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered						
SIGNATURE: <u>Michael Graubert</u> 3/16/07 305-558-0808 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						