

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # P97000050728**

1. Entity Name  
**PALMETTO FERTILITY CENTER OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**C/O WILLIAM J. SPRATT, JR**  
**201 S. BISCAYNE BLVD, STE 2000**  
**MIAMI, FL 33131 US**

Mailing Address  
**C/O WILLIAM J. SPRATT, JR**  
**201 S. BISCAYNE BLVD, STE 2000**  
**MIAMI, FL 33131 US**

90040000

2. Principal Place of Business - No P.O. Box #  
**7100 W. 20<sup>th</sup> AVENUE**

Suite, Apt. #, etc.  
**SUITE 205**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State

Zip  
**33016**

Country  
**USA**

Zip  
 Country



02062007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0768307**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SPRATT, WILLIAM J JR, ESQ**  
**201 S. BISCAYNE BLVD**  
**#2000**  
**MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Michael Graubert* **3/16/07** **305-558-0808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #