2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P97000082332

Entity Name: FLORIDA INSTITUTE FOR REPRODUCTIVE SCIENCES & TECHNOLOGIES, CORPORATION

Current Principal Place of Business:

2300 N COMMERCE PARKWAY
WESTON, FL 33326 US

New Principal Place of Business:

2300 N COMMERCE PARKWAY
313
WESTON, FL 33326 US

Current Mailing Address:

13931 LURAY ROAD
FT. LAUDERDALE, FL 33330

New Mailing Address:

13700 STIRLING ROAD
FT. LAUDERDALE, FL 33330

FEI Number: 65-0783504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELUB, MINNA
13931 LURAY ROAD
FT. LAUDERDALE, FL 33330 US

Name and Address of New Registered Agent:

SELUB, MINNA
13700 STIRLING ROAD
FT. LAUDERDALE, FL 33330 US

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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: SELUB, MINNA
Address: 13931 LURAY ROAD
City-St-Zip: FT. LAUDERDALE, FL 33330

Title: D ( ) Delete
Name: SELUB, MINNA
Address: 13931 LURAY ROAD
City-St-Zip: FT. LAUDERDALE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: SELUB, MINNA
Address: 13700 STIRLING ROAD
City-St-Zip: FT. LAUDERDALE, FL 33330

Title: D (X) Change ( ) Addition
Name: SELUB, MINNA
Address: 13700 STIRLING ROAD
City-St-Zip: FT. LAUDERDALE, FL 33330

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: MINNA SELUB PRES 04/28/2009
Electronic Signature of Signing Officer or Director — Date