


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

FILED

99 SEP -7 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0100575

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000081382</b>					
1. Corporation Name <b>FERTILITY CENTER OF SARASOTA, INC.</b>					
N/C Teddy Corporation USA 8/17/99					
Principal Place of Business 7804 IGUANA DRIVE SARASOTA FL 34241			Mailing Address 7804 IGUANA DRIVE SARASOTA FL 34241		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0867841	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>PABON, JULIO E M.D.</b> 7804 IGUANA DRIVE SARASOTA FL 34241				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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	PRESIDENT				<input type="checkbox"/> DELETE
NAME	PABON, JULIO E M.D.				
STREET ADDRESS	7804 IGUANA DRIVE				
CITY-ST-ZIP	SARASOTA FL 34241				
TITLE					<input type="checkbox"/> DELETE
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					<input type="checkbox"/> DELETE
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					<input type="checkbox"/> DELETE
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					<input type="checkbox"/> DELETE
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					
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.

SIGNATURE: *Julio E. Pabon* / Julio E. Pabon, M.D. 8/24/99 (941) 5421568  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

KE

**J.E. Pabon, MD, FACOG**

**REPRODUCTIVE ENDOCRINOLOGIST**

Diplomate American Board of Obstetrics and Gynecology

**FERTILITY • ENDOMETRIOSIS • REPRODUCTIVE SURGERY**

**FERTILITY CENTER OF SARASOTA**  
5664 Bee Ridge Road, Suite 103  
Sarasota, Florida 34233

Tel: (941) 342-1568  
Fax: (941) 342-8296  
www.drjapabon.com

September 1, 1999

Sean Toner  
Senior Section Administrator  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

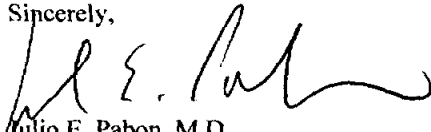
Re: Letter # 899A00039972

Dear Mr. Toner,

Please be advised that the original report was filed prior to May 1, 199. Please see the enclosed information from our accountant.

Thank you for your assistance.

Sincerely,



Julio E. Pabon, M.D.  
President