

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S92569

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA INSTITUTE FOR REPRODUCTIVE MEDICINE, P.A.

**Current Principal Place of Business:**

7300 SW 62 PLACE  
4TH FLOOR  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7300 SW 62 PLACE  
4TH FLOOR  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 65-0293573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EISERMANN, JUERGEN M.D.  
7300 SW 62 PLACE  
4TH FLOOR  
SOUTH MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EISERMANN, JUERGEN  
Address: 251 KNOLLWOOD DRIVE  
City-St-Zip: KEY BISCAINE, FL 33149

I hereby 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 all other like empowered.

SIGNATURE: JUERGEN EISERMANN

P

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date