

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071585

Entity Name: RMG IVF/SURGERY CENTER, INC.**Current Principal Place of Business:**5249 EAST FLETCHER
TAMPA, FL 33617**Current Mailing Address:**5249 EAST FLETCHER
TAMPA, FL 33617**FEI Number:** 75-3121216**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TARANTINO, MD, SAMUEL
5249 E FLETCHER AVE
SUITE 1
TAMPA, FL 33617 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title VD
Name MCCORMICK, BETSY AMD
Address 5249 E FLETCHER AVE
City-State-Zip: TAMPA FL 33617Title PD
Name TARANTINO, SAMUEL MD
Address 5249 E FLETCHER AVE
City-State-Zip: TAMPA FL 33617Title STD
Name GOODMAN, SANDRA BMD
Address 5249 E FLETCHER AVE
City-State-Zip: TAMPA FL 33617Title VD
Name YEKO, TIMOTHY RMD
Address 5249 E FLETCHER AVE
City-State-Zip: TAMPA FL 33617

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: SAMUEL TARANTINO

PRESIDENT

02/10/2020

Electronic Signature of Signing Officer/Director Detail_____
Date