

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000010446**

1. Entity Name
NEW LEADERS IN FERTILITY & ENDOCRINOLOGY, L.L.C.

FILED

01 JAN 24 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
217 A EAST INTENDENCIA STREET
PENSACOLA FL 32501

Mailing Address
217 A EAST INTENDENCIA STREET
PENSACOLA FL 32501

2. Principal Place of Business
5147 N. Ninth Ave
Suite, Apt. #, etc.
Suite 402

3. Mailing Address
P.O. Box 30007
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pensacola

City & State
FL

4. FEI Number
59-3668218

Applied For
Not Applicable

Zip
32504

Country
Escambia

Zip
32503-1007

Country
USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JESMONTH, RICHARD E
217 A EAST INTENDENCIA
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name **Barry A. Ripps, MD**
Street Address (P.O. Box Number is Not Acceptable)
5147 North Ninth Ave
Suite 402
City **Pensacola** **FL** Zip Code **32503-1007**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/16/01**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
owner	Barry A. Ripps, MD	5147 N. Ninth Ave ste 402	Pensacola, FL 32504	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*****50.00 *****50.00

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **1/16/01** (850) 857 3733
Daytime Phone #

CR2E083 (11/00)