

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000010446

**FILED**  
**Jun 18, 2013**  
**Secretary of State**

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

**Current Principal Place of Business:**

4400 BAYOU BLVD  
# 36  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

4400 BAYOU BLVD.  
36  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 59-3668218      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

RIPPS, BARRY A  
4400 BAYOU BLVD  
STE 36  
PENSACOLA, FL 32503 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: BARRY A RIPPS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: RIPPS, BARRY A  
Address: 4400 BAYOU BLVD STE 36  
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BARRY A. RIPPS

RA

06/18/2013

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date