

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90760 006 \*\*\*\*50.00

DOCUMENT # L00000010446

1. Entity Name

**NEW LEADERS IN FERTILITY & ENDOCRINOLOGY, L.L.C.**



Principal Place of Business

5147 N. NINTH AVE.  
SUITE 402  
PENSACOLA FL 32504

Mailing Address

PO BOX 30007  
PENSACOLA FL 32503-1007



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5147 N. Ninth Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite 315

City & State

Pensacola FL

City & State

4. FEI Number 59-3668218

Applic For

Not Applicable

Zip  
32504

Country  
USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIPPS, BARRY A  
5147 NORTH NINTH AVE.  
SUITE 402  
PENSACOLA FL 32503-1007

Name

Street Address (P.O. Box Number is Not Acceptable)

5147 North Ninth Ave

Suite 315

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RIPPS, BARRY A	5147 N. NINTH AVE. SUITE 402	PENSACOLA FL 32504	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5147 North Ninth Ave Suite 315	Pensacola, FL 32504	<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"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

1/2/03

857 3733

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

Date

Daytime Phone #

CR2E083 (10/02)