

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102758

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** SOBE FERTILITY LAB SERVICE COMPANY, LLC

**Current Principal Place of Business:**

8950 NORTH KENDALL DRIVE  
SUITE 103  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

8950 NORTH KENDALL DRIVE  
SUITE 103  
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number:** 80-0294578      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AMADO, MARIA ELENA  
8950 N KENDALL DR  
SUITE 103  
MIAMI, FL 33176 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** JACOBS, MICHAEL H  
**Address:** 8950 NORTH KENDALL DRIVE, SUITE 103  
**City-St-Zip:** MIAMI, FL 33176 US

**Title:** MGR  
**Name:** AKERMAN, FERNANDO  
**Address:** 8950 NORTH KENDALL DRIVE, SUITE 103  
**City-St-Zip:** MIAMI, FL 33176 US

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: MICHAEL HARRIS JACOBS      MGR      01/05/2012

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