

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000040228

Entity Name: FERTILITY CLINIC AMERICAS USA, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

2121 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

FEI Number: 82-440282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUNA, BRIAN
2121 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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

Authorized Person(s) Detail :

Title MGR
Name LUNA, BRIAN
Address 2121 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name MONAHAN, F
Address 2121 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name KUKUNASHVILI, M
Address 2121 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name YADEN, B
Address 2121 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: B YADEN

MGR

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date