

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000040228

**Entity Name:** FERTILITY CLINIC AMERICAS USA, LLC

**Current Principal Place of Business:**

6910 N KENDALL DR  
C/O LAMCHICK LAW GROUP  
MIAMI, FL 33156

**Current Mailing Address:**

6910 N KENDALL DR  
C/O LAMCHICK LAW GROUP  
MIAMI, FL 33156 US

**FEI Number:** 82-4402822

**Certificate of Status Desired:** No

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

LAMCHICK LAW GROUP P.A.  
6910 N KENDALL DR  
C/O LAMCHICK LAW GROUP  
MIAMI, FL 33156 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:** BRUCE LAMCHICK, ESQ.

02/20/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name YADEN (LUNA), B  
Address 6910 N KENDALL DR  
C/O LAMCHICK LAW GROUP  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name MONAHAN, F  
Address 6910 N KENDALL DR  
C/O LAMCHICK LAW GROUP  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name KUKUNASHVILI, M  
Address AV. NICHUPTTE 20, 19  
City-State-Zip: CANCUN MEXICO 77505

*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:** YADEN (LUNA), B.

MGR

02/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date