

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000034681

**Entity Name:** FERTILITY CONSULTANTS GROUP, 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 UN

**FEI Number:** APPLIED FOR

**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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            YADEN, P  
Address        6910 N KENDALL DR, C/O LAMCHICK  
                    LAW GROUP  
City-State-Zip: MIAMI FL 33156

*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, P.

**MGR**

**02/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date