## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 01, 2002 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)		Secretary of State		
DOCUMENT #		: 04-01-2002 90727 028 ****55.00		
1. Entity Name New Leaders in Fertility and Endocrit	nology LLC			
Decree of the second of the second				
DO NOT WRITE IN THIS S	DACE			
DO NOT WRITE IN THIS S	PACE	,	R0054623	
2. Principal Place of Business 3. Mailing Address	0 0 57		42	
Suite, Apt. #, etc. Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE '	
Juit 315 —		<u> </u>		
PENSACOLA FLORIDA PENSACOL	a FLorida	593668218	Applied For Not Applicable	
32504 Country 32503-100	Country A	-5. Certificate of Status Desired	\$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent				
DO NOT-WRITE		Ry A. Ripps	<u> </u>	
IN THIS SPACE	4535	P.O. Box Number is Not Acceptable  On Place		
, IN THIS OF AGE	0.0	7		
	city Pens	acola	FL 32504	
8. The above named entity submits this statement for the purpose of changing i	ts registered office or registere	ed agent, or both, in the State of Flo	rida. , ,	
SIGNATURE Signature, typed or printed name of registered agon and title if applicable.			DATE	
	FÉE IS \$50.00			
	ayable to Department of DUE BY MAY 1	f State	• •	
9. MANAGING MEMBERS/MANAGERS TITLE MER				
NAME CINDY MILLS STREET ADDRESS 5880 CECTOR LOKE CIRCLE	TITLE NAME	,		
CITY-ST-ZIP Pensacola PL 30506	STREET ADDRESS CITY-ST-ZIP	•.		
TITLE	IIILE		<u>*</u>	
NAME 'STREET ADDRESS 'S	NAME STREET ADDRESS	المستعدد الم	, , , , , , , , , , , , , , , , , , ,	
CITY-ST-ZIP	CITY-ST-ZIP		y 3 1 1 1 1	
TITLE NAME	TITLE NAME	<u>‡</u> 4 6 ∓ √		
STREET ADDRESS CITY*ST-ZIP	STREET ADDRESS CITY-ST-ZIP	DO NOT	WRITE	
TITLE	TITLE	IN THIS S		
NAME STREET ADDRESS	NAME STREET ADDRESS		PRACE	
CITY-ST-ZIP	CITY-ST-ZIP	·		
TITLE NAME	TITLE NAME		* :	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		*	
TITLE	TITLE			
NAME STREET ADDRESS	NAME STREET ADDRESS	•		

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.

CITY-ST-ZIP

SIGNATURE: Maly Mills

CITY-ST-ZIP

3-2002 (85) 573733