2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State
08-02-2004 90117 032 ****50.00

MOORE CR2E083 (4/04)

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1. Entity Name

NEW LEADERS IN FERTILITY & ENDOCRINOLOGY, L.L.C.

Principal Place of Business	Mailing Address
5147 N. NINTH AVE. SUITE 315 PENSACOLA FL 32504	PO BOX 30007 PENSACOLA FL 32503-1007

2. Principal Place of Business	3. Mailing Address
4400 BAYOU BLVD	
Suite, Apt. #, etc. 36	Suite, Apt. #, etc.
City & State PENSACOLA FL.	City & State
Zip 32503 Country	Zip Country

4. FEI Number 59-3668218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIPPS, BARRY A 5147 NORTH NINTH AVE. SUITE 315 PENSACOLA FL 32503-1007	Name: Ripps BARRY A. Street Address (P.O. Box Number is Not Acceptable): 4400 BAYOU BLVD Suite 3C City: PENSACOLA FL. FL Zip Code 32503

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] owner/member DATE 7/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIPPS, BARRY A 5147 N NINTH AVE STE 315 PENSACOLA FL 32504	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ripps, BARRY A 4400 BAYOU BLVD suite 36 PENSACOLA FL 32503	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: [signature] Owner/member 7/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #