2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2004
Secretary of State

DOCUMENT# L02000022015

Entity Name: FERTILITY CARE CENTER OF SOUTH FLORIDA, L.C.

Current Principal Place of Business:

7000 SW 97 AVE
MIAMI, FL 33173

New Principal Place of Business:

7000 SW 97 AVE
114
MIAMI, FL 33173

Current Mailing Address:

6000 S.W. 32 STREET
MIAMI, FL 33155

New Mailing Address:

FEI Number: 56-2290454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUIZ-CASTANEDA, NORMAN M.D.
6000 S.W. 32 STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: RUIZ-CASTANEDA, NORMAN
Address: 6000 S.W. 32 STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: N. RUIZ-CASTANEDA PRES 02/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date