

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90025 035 ****50.00

DOCUMENT # L04000023354

1. Entity Name
**LABORATORY FOR
IMPLANTATION, FERTILIZATION, EMBRYOLOGY, LC**



Principal Place of Business
**3200 S UNIVERSITY DRIVE
SUITE 4372
DAVIE, FL 33328 -- US**

Mailing Address
**3111 UNIVERSITY DRIVE
720
CORAL SPRINGS, FL 33065**

20038117



2. Principal Place of Business
201 N. PINE ISLAND ROAD

3. Mailing Address
Suite, Apt. #, etc.

02122005 Chg-LLC CR2E083 (10/03)

City & State
PLANTATION, FLORIDA

City & State

4. FEI Number
20-1050846

Applied For
Not Applicable

Zip
33324

Country
US

Zip
Country

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

6. Name and Address of Current Registered Agent

**ABAE, MICK
3200 S UNIVERSITY DR
4372
DAVIE, FL 33328**

**201 N. PINE ISLAND ROAD
PLANTATION, FLORIDA 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
ABAE, MICK
3200 S UNIVERSITY DR, SUITE 4372
DAVIE, FL 33328**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
ABAE, MICK
201 N. PINE ISLAND ROAD
PLANTATION, FLORIDA 33324**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dr. Mick Abae

Date

Daytime Phone #

4/8/05

954-584-2273