

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055465

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: CLINICAL EMBRYOLOGY SPECIALISTS, LLC

**Current Principal Place of Business:**

13319 NW 19TH PLACE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

13319 NW 19TH PLACE  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 20-4953503      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DRURY, KEN  
13319 NW 19TH PLACE  
GAINESVILLE, FL 32606      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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DRURY, KEN  
Address: 13319 NW 19TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete  
Name: DRURY, SANDRA  
Address: 13319 NW 19TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete  
Name: DRURY, ALLISON  
Address: 13319 NW 19TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KEN DRURY

MGRM

04/29/2008

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