

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055465

**FILED**  
**Mar 17, 2011**  
**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 C PHD  
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  
Name: DRURY, KEN C PHD  
Address: 13319 NW 19TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

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

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

I hereby 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: KENNETH C. DRURY

PRES

03/17/2011

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