

M110000002991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

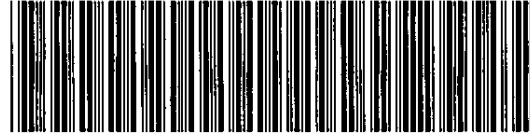
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 28 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reproductive Medicine Institute IVF, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher J Wilson

Name of Person

Marchena and Graham, P.A.

Firm/Company

976 Lake Baldwin Lane, Suite 101

Address

Orlando, FL 32814

City/State and Zip Code

mmoreno@mgfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher J. Wilson at (407) 658-8566

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

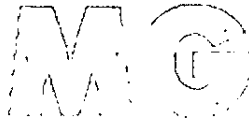
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



MARCHENA AND GRAHAM, PA

**MARCOS R. MARCHENA
KEITH A. GRAHAM
YOVANNIE R. STORMS
CHRISTOPHER J. WILSON**

**ANNE VAN DE BERG
SHANNON M. WIGGINS**

**976 LAKE BALDWIN LANE, SUITE 101
ORLANDO, FLORIDA 32814
TELEPHONE (407) 658-8566
TELECOPIER (407) 281-8564
WRITER'S E-MAIL: CWILSON@MGFIRM.COM**

May 23, 2014

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attn: Tammy Hampton

RE: Reproductive Medicine Institute IVF, LLC
File Number: M11000002991
Letter Number: 814A00009209

Dear Ms. Hampton,

Please find miscellaneous documents with regards to the above-referenced LLC as follows:

1. A copy of the letter dated April 30, 2014 from the Florida Department of State;
2. An Original Cover letter and an original Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida; and
3. A certified copy of the Certificate of Amendment from the State of Delaware dated April 25, 2014.

Please be advised that you are holding our check in the amount of \$25.00 for the filing fee. Please process the enclosed Application at your earliest opportunity. Should you have any questions, please do not hesitate to contact our office.

Sincerely,

Melissa L. Moreno,
Legal Assistant to Christopher Wilson

/mlm
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2014

CHRISTOPHER J WILSON, ESQ
MARCHENA AND GRAHAM, PA
976 LAKE BALDWIN LN - STE 101
ORLANDO, FL 32814

SUBJECT: REPRODUCTIVE MEDICINE INSTITUTE IVF, LLC
Ref. Number: M11000002991

We have received your document for REPRODUCTIVE MEDICINE INSTITUTE IVF, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 814A00009209

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Reproductive Medicine Institute IVF, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: June 13, 2011

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: Infertility Laboratories of
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

Central Florida, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: MGR, Fernando L. Gomez, M.D.

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Fernando L. Gomez, M.D.

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2014 MAY 27 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Reproductive Medicine
Institute IVF, LLC
2. The Certificate of Formation of the limited liability company is hereby amended
as follows:

Name of the LLC is changed to:
Infertility Laboratories of Central Florida, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 23rd day of April, A.D. 2014.

By: _____


Authorized Person(s)

Name: Fernando L. Gomez, M.D.

Print or Type