

1421000015641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

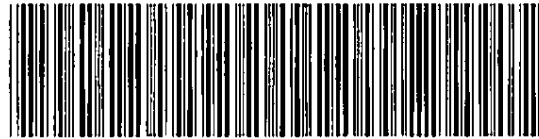
(Document Number)

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2022 MAY 23 PM 4:47

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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2022 MAY 23 PM 12:16

DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

g-5/27/2022

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 05/23/2022

Acc#120160000072

en: c DW

Name:	RMG IVF/Surgery Center, LLC
Document #:	
Order #:	14306063 - 29

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RMG IVF/SURGERY CENTER, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monika Veleva

Name of Person

Inception Fertility

Firm/Company

4828 Loop Central Dr. Suite 900

Address

Houston, Texas 77081

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ( )

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

☐ \$55 Filing Fee & Certified Copy

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2022 MAY 26 PM 12:43

ALLAHASSEE, FLOR

May 25, 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**CORRECTED**  
Please Allow For  
Same File Date

CT CORP

SUBJECT: THE REPRODUCTIVE MEDICINE GROUP, LLC  
Ref. Number: M21000015735

We have received your document for THE REPRODUCTIVE MEDICINE GROUP, LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

The document number does not match with the name of the company.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 622A00011882

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: RMG IVF/SURGERY CENTER, LLC
2. (a) 5245 E. FLETCHER AVE., STE. 1  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
TAMPA, FL 33617
- (b) \_\_\_\_\_  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
\_\_\_\_\_
3. 11/19/2021  
Date of filing/registration in Florida
4. M21000015641  
Document number
5. (a) WEINGART, CHRISTINE L. ESQ.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
315 E. ROBINSON ST., STE. 600  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
ORLANDO, FL 32801
- (b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

FILED  
 2022 MAY 23 PM 12:16  
 STATE  
 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Matthew K. Maruca

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: [Signature] C T Corporation System Sandra Zwijack, Assistant Secretary  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00