

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90554 023 ***150.00

DOCUMENT # P98000058391

1. Entity Name
**LABORATORY FOR IMPLANTATION, FERTILIZATION &
EMBRYOLOGY, INC.**



Principal Place of Business
**3200 S. UNIVERSITY DR.
SUITE 4372 -
FORT LAUDERDALE, FL 33328**

Mailing Address
**3200 S. UNIVERSITY DR.
SUITE 4372 -
FORT LAUDERDALE, FL 33328**

20035778



2. Principal Place of Business
**201 N. Pine Island Road
Suite, Apt. #, etc.**

3. Mailing Address
**3111 N. University Drive
Suite, Apt. #, etc.
720**

03052005 Chg-P CR2E034 (10/03)

City & State
**Plantation, Florida
Zip 33324 Country US**

City & State
**Coral Springs, Florida
Zip 33065 Country US**

4. FEI Number
65-0846593 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**ABAE, MICK
3200 S. UNIVERSITY DR. 201 N. Pine Island Road
SUITE 4372 Plantation, Florida 33324
FORT LAUDERDALE, FL 33328**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	ABAE, MICK
STREET ADDRESS	3200 S. UNIVERSITY DR. # 4372
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	201 N. Pine Island Road
CITY-ST-ZIP	Plantation, Florida 33324
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Mick Abae
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/8/05 Daytime Phone # 954-584-2273