


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P98000058391 1. Entity Name LABORATORY FOR IMPLANTATION, FERTILIZATION & EMBRYOLOGY, INC. | |  |
| Principal Place of Business 201 N PINE ISLAND ROAD PLANTATION, FL 33324 | Mailing Address 3111 N UNIVERSITY DRIVE 720 CORAL SPRINGS, FL 33065 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent ABAE, MICK 201 N PINE ISLAND ROAD PLANTATION, FL 33324 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ABAE, MICK 201 N PINE ISLAND ROAD PLANTATION, FL 33324 | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Mick ABAE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>4/20/06</u> Daytime Phone # <u>954-584-2273</u> |



01162006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0846593 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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05/11/06-80065-023 150.00

**DO NOT WRITE
IN THIS SPACE**