Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D2076088	01/22/2018
Name of Provider or Supplier	**Street Address, City, State**	
Reproductive Management Services Inc	7003 Nw 11th Place Suite, Gainesville, FL	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies**
No Tags	No deficiency details available.