

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2005 08:00 AM
Secretary of State**DOCUMENT # P03000142387**

1. Entity Name

**BAY HARBOR CENTER FOR REGENERATIVE MEDICINE
INC.**

Principal Place of Business

**9573 HARDING AVE.
SURFSIDE, FL 33154**

Mailing Address

**9573 HARDING AVE.
SURFSIDE, FL 33154****DO NOT WRITE IN THIS SPACE**

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number

20-0449452

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**OESTERLE, DOUGLAS
9506 S RED ROAD
MIAMI, FL 33158****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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP**D
FARSHCIAN, ALIMORAD
9573 HARDING AVE.
SURFSIDE, FL 33154**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**U00000033792
05/03/05-80079-023 150.00**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9X)(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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #