### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006364

Entity Name: AMERICAN ACADEMY OF ORTHOPEDIC REGENERATIVE

MEDICINE INC.

# **Current Principal Place of Business:**

1001 NE 125 ST

NORTH MIAMI, FL 33161

## **Current Mailing Address:**

1001 NE 125 ST

NORTH MIAMI, FL 33161

FEI Number: 20-3027955 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

OESTERLE, DOUGLAS W 9506 S RED RD MIAMI, FL 33156 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Apr 29, 2014

**Secretary of State** 

CC7371815986

### Officer/Director Detail:

Title

Name FARSHCHIAN, ALEX Address 1001 NE 125 ST

City-State-Zip: NORTH MIAMI FL 33161

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail