

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050504

Entity Name: THE CENTER FOR REGENERATIVE MEDICINE, INC.

Current Principal Place of Business:

1001 NE 125 STREET
NORTH MIAMI, FL 33161

Current Mailing Address:

1001 NE 125 STREET
NORTH MIAMI, FL 33161

FEI Number: 04-3661953

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OESTERLE, DOUGLAS W
9506 SW 57 AVE
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

Officer/Director Detail :

Title D
Name FARSHCHIAN, ALIMORAD
Address 1001 NE 125 STREET
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALIMORAD FARSHCHIAN

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date