

**2013 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**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date