

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000130642

**Entity Name:** CARECYTE BIOLOGICS, INC.

**Current Principal Place of Business:**

6809 PLUMPJACK COURT  
PORT ORANGE, FL 32128

**Current Mailing Address:**

6809 PLUMPJACK COURT  
PORT ORANGE, FL 32128

**FEI Number: 26-1541783**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MULLER, SOREN M  
6809 PLUMPJACK COURT  
PORT ORANGE, FL 32128 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 P  
Name LANE, I. W  
Address 1795 EARHART COURT  
City-State-Zip: PORT ORANGE FL 32128

Title VP  
Name MULLER, MARK  
Address 2010 SOUTH CREEK BLVD.  
City-State-Zip: PORTORANGE FL 32128

Title S/T  
Name MULLER, SOREN M  
Address 6809 PLUMPJACK COURT  
City-State-Zip: PORT ORANGE FL 32128

Title DIR  
Name SANDERS, KATE  
Address 3671 GENOVA CT.  
City-State-Zip: OVIEDO FL 32765

Title VP-R  
Name THORNTHWAITE, JERRY T  
Address 215 HAMLETT ST.  
City-State-Zip: HENDERSON TN 38340

Title DIR  
Name KUCHMA, MELISSA  
Address 1516 SPRINGTIME LOOP  
City-State-Zip: WINTER PARK FL 32792

*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: SOREN MULLER**

**SECRETARY**

**04/07/2014**

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

\_\_\_\_\_  
Date