

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000016771

Entity Name: ACADEMY OF REGENERATIVE PRACTICES, INC.

Current Principal Place of Business:

12651 SUNRISE BLVD, SUITE 104
SUNRISE, FL 33323

Current Mailing Address:

12651 SUNRISE BLVD, SUITE 104
SUNRISE, FL 33323 UN

FEI Number: 47-2213850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMELLA, KRISTIN C
12651 SUNRISE BLVD, SUITE 104
SUNRISE, FL 33323 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 | OFFICER | Title | PRESIDENT |
| Name | COMELLA, KRISTIN C | Name | MANN, SHAWN |
| Address | 12651 SUNRISE BLVD, SUITE 104 | Address | 12651 SUNRISE BLVD, SUITE 104 |
| City-State-Zip: | SUNRISE 33323 | City-State-Zip: | SUNRISE 33323 |

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: KRISTIN COMELLA

OFFICER

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date