

**2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P16000016771

**Entity Name:** ACADEMY OF REGENERATIVE PRACTICES, INC.

**Current Principal Place of Business:**

1290 WESTON ROAD  
#203A  
WESTON, 33326

**Current Mailing Address:**

1290 WESTON ROAD  
#203A  
WESTON, 33326 UN

**FEI Number:** 47-2213850

**Certificate of Status Desired:** No

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

MANN, SHAWN  
1290 WESTON ROAD  
#203A  
WESTON, FL 33326 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:** SHAWN MANN

07/05/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MANN, SHAWN  
Address        1290 WESTON ROAD  
                  #203A  
City-State-Zip: WESTON 33326

*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:** SHAWN MANN

PRESIDENT

07/05/2018

Electronic Signature of Signing Officer/Director Detail

Date