

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000015370

Entity Name: ORTHO STEM, LLC

Current Principal Place of Business:

20295 NE 29TH PLACE
STE 300
AVENTURA, FL 33180

Current Mailing Address:

20295 NE 29TH PLACE
STE 300
AVENTURA, FL 33180 US

FEI Number: 46-1962112

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIPSON, STUART A ESQ
16900 NE 19TH AVENUE
NORTH MIAMI BEACH, FL 33162 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	INSTITUTE OF SPORTS MEDICINE AND ORTHOPEADICS, PA	Name	STEM CELL REGENERATION, INC.
Address	20295 NE 29TH PLACE STE 300	Address	1167 S HILLSBORO MILE STE 616F
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	HILLSBORO BEACH FL 33062

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN GORIN

MANAGER

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date