

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000123949

Entity Name: US STEM CELL CLINIC LLC

Current Principal Place of Business:

12651 SUNRISE BLVD #104
SUNRISE, FL 33323

Current Mailing Address:

12651 SUNRISE BLVD #104
SUNRISE, FL 33323

FEI Number: 47-1524683

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMELLA, KRISTIN C
13794 NW 4TH STREET
212
SUNRISE, FL 33325 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 MGR
Name GRADEL, THEODORE
Address 13794 NW 4TH STREET STE 212
City-State-Zip: SUNRISE FL 33325

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: THEODORE GRADEL

MGR

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date