

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000006634

**Entity Name:** REGENERATIVE MEDICINE TRAINING INSTITUTE, LLC

**Current Principal Place of Business:**

304 TEQUESTA DRIVE  
SUITE 400  
TEQUESTA, FL 33469

**FILED**  
**Feb 21, 2020**  
**Secretary of State**  
**1350689955CC**

**Current Mailing Address:**

304 TEQUESTA DRIVE  
SUITE 400  
TEQUESTA, FL 33469 US

**FEI Number: 47-4344245**

**Certificate of Status Desired: No**

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

SEAN C SELK PA  
301 CLEMATIS STREET SUITE 3000  
WEST PALM BEACH, FL 33401 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	CEO	Title	CFO
Name	WHYTE, STEVE	Name	VANKIRK, CHRISTOPHER
Address	304 TEQUESTA DRIVE SUITE 400	Address	304 TEQUESTA DRIVE SUITE 400
City-State-Zip:	TEQUESTA FL 33469	City-State-Zip:	TEQUESTA FL 33469

*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: CHRISTOPHER VANKIRK**

**CFO**

**02/21/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date