

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000005411

Entity Name: GACP STEM CELL CLINICS CORAL GABLES LLC

Current Principal Place of Business:

2333 PONCE DE LEON BLVD
SUITE 630
CORAL GABLES, FL 33134

Current Mailing Address:

2333 PONCE DE LEON BLVD
SUITE 630
CORAL GABLES, FL 33134 US

FEI Number: 82-0701251

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name GACP STEM CELL CLINICS LLC
Address 2333 PONCE DE LEON BLVD
 SUITE 630
City-State-Zip: CORAL GABLES FL 33134

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: DAVID NEITHARDT

AUTHORIZED SIGNOR

03/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date