

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000040645

Entity Name: RE3 STEM CELL AND HEALING INSTITUTE, PLLC

Current Principal Place of Business:

4012 SAWYER RD., STE. 101-104
SARASOTA, FL 34233

Current Mailing Address:

4012 SAWYER RD., STE. 101-104
SARASOTA, FL 34233 US

FEI Number: 82-0625119

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOPPER, TIFFANY A
4012 SAWYER RD., STE. 101-104
SARASOTA, FL 34233 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: TIFFANY A HOPPER

02/06/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FARAHVAR, ARASH M.D.
Address 5261 CELEDON CT
City-State-Zip: SARASOTA FL 34238

Title MGR
Name OLIVERO, WILLIAM C M.D.
Address 5261 CELEDON CT
City-State-Zip: SARASOTA FL 34238

Title MGR
Name WANG, BONNIE H M.D.
Address 8930 BLOOMFIELD BLVD.
City-State-Zip: SARASOTA FL 34238

Title MGR
Name WANG, HUAN M.D.
Address 8930 BLOOMFIELD BLVD
City-State-Zip: SARASOTA FL 34238

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: HUAN WANG

OWNER

02/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date