

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000058766

Entity Name: BIOMEDICAL REGENERATIVE GF, LLC.**Current Principal Place of Business:**2041 BETHEL BLV.
BOCA RATON, FL 33486**Current Mailing Address:**2041 BETHEL BLV.
BOCA RATON, FL 33486 UN**FEI Number: 82-0802211****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SANTAMARIA, CLAUDIA
2041 BETHEL BLV.
BOCA RATON, FL 33486 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: CLAUDIA SANTAMARIA****04/25/2022**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
 Name SANTAMARIA, CLAUDIA
 Address 2041 BETHEL BLV
 City-State-Zip: BOCA RAON FL 33486

Title DIRECTOR
 Name BERNAL, ALEJANDRO
 Address 4371 NW 3RD AVE
 City-State-Zip: BOCA RATON FL 33431

Title OTHER, MEMBER
 Name TILDEN , BOBBITT
 Address 1305 GREENE S
 City-State-Zip: MARIETTA OH 45750

Title DIRECTOR
 Name CHOI, DAVID
 Address 10040 STERLING TERRACE
 City-State-Zip: ROCKVILLE MD 20850

Title VP
 Name CARDONA, BRIGITTE
 Address 570 DURHAM T
 T
 City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR
 Name HWANG, ROBERT
 Address 280 N. CENTRAL AVE.
 SUITE 482
 City-State-Zip: HARTSDALE NY 10530

Title TREASURER
 Name VELASQUEZ, JUAN JOSE
 Address 706 NW. 87 AVE.
 City-State-Zip: MIAMI FL 33172

Title SECRETARY
 Name PUERTA, MARGARITA
 Address 20792 EAGLE CREEK CT
 City-State-Zip: BOCA RATON FL 33498

*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: CLAUDIA SANTAMARIA****PRESIDENT****04/25/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date