

**2013 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M12000005183

**Entity Name:** REVITICELL HOLDINGS, LLC

**Current Principal Place of Business:**

4720 SALISBURY ROAD, SUITE 200  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4720 SALISBURY ROAD, SUITE 200  
JACKSONVILLE, FL 32256 US

**FEI Number:** 27-4433784

**Certificate of Status Desired:** No

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

FRITTS, SUSAN M  
4720 SALISBURY ROAD, SUITE 200  
JACKSONVILLE, FL 32256 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 MGRM  
Name BENDIS BIZ, LLC  
Address 4720 SALISBURY ROAD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title MGRM  
Name GRANFIELD REGENERATIVE THERAPEUTICS, LLC  
Address 4720 SALISBURY ROAD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title MGRM  
Name JCK ENTERPRISES, LLC  
Address 4720 SALISBURY ROAD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title MGRM  
Name FRILLING ENTERPRISES, LLC  
Address 4720 SALISBURY ROAD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGING MEMBER  
Name BOSTON BIODILIGENCE, LLC  
Address 4720 SALISBURY ROAD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGING MEMBER  
Name DIXON HELFER, FRANCE  
Address 4720 SALISBURY ROAD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGING MEMBER  
Name ROSE, VICTORIA K  
Address 4720 SALISBURY ROAD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGING MEMBER  
Name WERDMOLDER, LINDA M  
Address 4720 SALISBURY ROAD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

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*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN FRITTS

CAO

05/05/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGING MEMBER  
Name           WERDMOLDER, DIEDERIK J K  
Address        4720 SALISBURY ROAD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title           MANAGING MEMBER  
Name           JOHN MURRAY, MD, LLC  
Address        4720 SALISBURY ROAD, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256