

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 12, 2014
Secretary of State
CC8537137701

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: Yes

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

SIGNATURE: SUSAN FRITTS

CAO

01/12/2014

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