

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001090

Entity Name: BIORESTORATIVE THERAPIES, INC.**Current Principal Place of Business:**555 HERITAGE DRIVE
SUITE 130
JUPITER, FL 33458**Current Mailing Address:**555 HERITAGE DRIVE
SUITE 130
JUPITER, FL 33458**FEI Number:** 91-1835664**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEINREB, MARK
555 HERITAGE DRIVE
SUITE 130
JUPITER, FL 33458 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**Officer/Director Detail :**

Title	CEO, PRESIDENT AND CHAIRMAN OF THE BOARD
Name	WEINREB, MARK
Address	9 COLGATE LANE
City-State-Zip:	WOODBURY NY 11797

Title	VICE PRESIDENT OF OPERATIONS AND SECRETARY
Name	CLYDE, MANDY D MRS.
Address	2890 CUYAHOGA LANE
City-State-Zip:	WEST PALM BEACH FL 33409

Title	DIRECTOR
Name	SAN ANTONIO, JOEL
Address	12 JOSHUA SLOCUM DOCK
City-State-Zip:	DOLPHIN COVE CT 06902

Title	DIRECTOR
Name	RADOV, A. JEFFREY
Address	8 WALWORTH AVENUE
City-State-Zip:	SCARSDALE NY 10583

Title	VICE PRESIDENT OF RESEARCH AND DEVELOPMENT AND CHIEF SCIENTIST
Name	SILVA, FRANCISCO
Address	2956 DAPPLEGRAY LANE
City-State-Zip:	NORCO CA 92860

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANDY D. CLYDE

VP OPERATIONS

01/10/2014

Electronic Signature of Signing Officer/Director Detail_____
Date