

**2013 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	DIRECTOR
Name	SAN ANTONIO, JOEL
Address	2200 HIGHWAY 1211
City-State-Zip:	BEDFORD TX 76021

Title	VICE PRESIDENT OF OPERATIONS AND SECRETARY
Name	CLARK, MANDY
Address	115 AKRON STREET, UNIT A
City-State-Zip:	LAKE WORTH FL 33461

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

*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:** MARK WEINREB**PRESIDENT****01/09/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date