

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000001993

Entity Name: LONGEVERON INC

Current Principal Place of Business:

1951 NW 7TH AVENUE, SUITE 520
MIAMI, FL 33136

Current Mailing Address:

1951 NW 7TH AVENUE, SUITE 520
MIAMI, FL 33136

FEI Number: 47-2174146

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HARE, JOSHUA M MD
1951 NW 7TH AVENUE, SUITE 520
MIAMI, FL 33136 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 C
Name HARE, JOSHUA M
Address 1951 NW 7TH AVENUE, SUITE 520
City-State-Zip: MIAMI FL 33136

Title D
Name SOFFER, DONALD
Address 1951 NW 7TH AVENUE, SUITE 520
City-State-Zip: MIAMI FL 33136

Title D
Name HARE, NEIL
Address 1951 NW 7TH AVENUE, SUITE 520
City-State-Zip: MIAMI FL 33136

Title S
Name LEHR, PAUL
Address 1951 NW 7TH AVENUE, SUITE 520
City-State-Zip: MIAMI FL 33136

Title T
Name CLAVIJO, JAMES
Address 1951 NW 7TH AVENUE, SUITE 520
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name SOFFER, ROCK
Address 1951 NW 7TH AVENUE, SUITE 520
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name ROSS, CATHY
Address 1951 NW 7TH AVENUE, SUITE 520
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name BORGER, ERIN
Address 1951 NW 7TH AVENUE, SUITE 520
City-State-Zip: MIAMI FL 33136

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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 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: JAMES CLAVIJO

CFO

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOSORDO, DOUGLAS
Address 1951 NW 7TH AVENUE, SUITE 520
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name GIROLAMO, TODD
Address 1951 NW 7TH AVENUE, SUITE 520
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name UNGARO, URSULA
Address 1951 NW 7TH AVENUE, SUITE 520
City-State-Zip: MIAMI FL 33136